

# R E P O R T R E S U M E S

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RECREATION FOR THE MENTALLY RETARDED--A COMMUNITY BASED PROGRAM.

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ASSOCIATION FOR THE HELP OF RETARDED CHILDREN

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THE MAJOR OBJECTIVE OF THIS 3-YEAR RESEARCH AND DEMONSTRATION PROJECT WAS TO TEST THE FEASIBILITY OF EXTENDING THE RESPONSIBILITIES OF COMMUNITY WORK AGENCIES IN NEW YORK TO INCLUDE THE MENTALLY RETARDED. THE 13 PARTICIPATING GROUP WORK AGENCIES RECEIVED FINANCIAL SUPPORT WAS WELL AS CONSULTATIVE, INTAKE, AND PROFESSIONAL TRAINING SERVICES FROM THE PROJECT STAFF. IN ALL, 27 GROUPS OF RETARDATEES (IQ'S 35 TO 75) WERE CREATED, NUMBERING FROM 10 TO 15 MEMBERS. ACTIVITIES WERE PREDOMINANTLY TASK ORIENTED FOR THE YOUNGEST GROUP (AGES 8 TO 12), UNFOCUSED AND EXPRESSIVE FOR THE ADOLESCENTS (AGES 13 TO 17), AND CONCERNED WITH GROUP GOALS AND NEEDS FOR THE YOUNG ADULTS (AGES 18 TO 30 AND OVER). SELF CARE SKILLS WERE STRESSED WITH THE PEER GROUPS SERVING AS MECHANISMS TO INCREASE SOCIAL SKILLS. THE TURNOVER RATE, ABOUT 58 PERCENT OF THE PARTICIPANTS, WAS HIGHEST IN THE CHILDREN'S AND ADOLESCENTS' GROUP IN LOW INCOME AREAS. PARENT QUESTIONNAIRES, COMING PRIMARILY FROM THE FAMILIES OF CHILDREN REMAINING IN THE PROGRAM, INDICATED SATISFACTION WITH THE PROGRAM'S CONTENT AND CONTEXT AS WELL AS WITH THE CHANGES NOTICED IN THE RETARDED CHILD OR ADULT. HOWEVER, CONVENIENCE AND LOCATION OF THE AGENCY WAS A MAJOR COMPLAINT (MADE BY 38 PERCENT OF 56 RESPONDENTS), AND A NEED WAS DEMONSTRATED FOR A CONTINUATION OF PROGRAMS TO REDUCE SOCIAL ISOLATION (LESS THAN ONE-THIRD OF THE PARTICIPANTS ESTABLISHED FRIENDSHIPS WHICH CARRIED OVER OUTSIDE THE MEETINGS). AGENCY DIRECTORS, WHOSE ATTITUDES WERE CONDUCIVE TO THE PERMANENT ESTABLISHMENT OF SUITABLE RECREATIONAL PROGRAMS, REVEALED IN PERSONAL INTERVIEWS A FAVORABLE VIEW OF SERVING THE HANDICAPPED. THE MAINTENANCE OF FAVORABLE ATTITUDES BY AGENCY DIRECTORS AND STAFFS AND OF INTERAGENCY COOPERATION WAS FOUND ESSENTIAL TO THE CONTINUATION OF THE RECREATIONAL PROGRAM AS WAS THE PRESENCE OF THE FOLLOWING ENVIRONMENTAL CONDITIONS--OUTSIDE RATHER THAN LOCAL FUNDING, LACK OF SOCIAL DISORGANIZATION IN THE COMMUNITY, AND LESS NEED FOR COMPREHENSIVE PROGRAMS. RESULTS INDICATED THAT EXPANSION WILL OCCUR IN THE NEXT 10 YEARS AND THAT THE PROGRAM WAS BOTH NEEDED AND FEASIBLE. FUTURE PLANS ARE OUTLINED. A SEMINAR PROGRAM, A WEEKLY GROUP PROGRESS RECORD FORM, AND A NARRATIVE MEETING RECORD ARE PROVIDED. (JD)

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**RECREATION FOR  
THE MENTALLY RETARDED:  
A COMMUNITY BASED PROGRAM**

by

**Arnold Birenbaum  
Research Consultant**

and

**Arthur L. Schwartz  
Project Director**

Supported by

**THE NATIONAL INSTITUTE of MENTAL HEALTH**

No. M. H. 00990



**ASSOCIATION FOR THE HELP OF RETARDED CHILDREN**  
New York City Chapter

EC 001 209



# ASSOCIATION FOR THE HELP OF RETARDED CHILDREN

200 Park Avenue South / New York, N. Y. 10003 / ALgonquin 4-8203

New York City Chapter

MAX W. SCHACHTER, *President*

WILLIAM A. FRAENKEL, Ph.D., *Executive Director*

November 7, 1966

Dr. Stanley F. Yolles  
National Institute of Mental Health  
Bethesda 14, Maryland

Dear Dr. Yolles:

Programs—Services

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Research

I am pleased to transmit to you our final report on the Community Recreation Resources for the Retarded project which covers the period March, 1963 to June 31, 1966 (M.H. 00990). We are grateful for your financial support and confidence in our ability to handle this project. We wish to give appropriate recognition to the key staff persons who met with us over the duration of the project, for their excellent help and guidance. These include Mr. Edward J. Flynn and Mr. Herbert Fockler.

We feel that the results are significant and that the goals and objectives of our project have been satisfactorily met. We hope that you find the report of sufficient value and interest to share it with other persons around the country who may be facing similar problems in program formulation.

Sincerely,

William A. Fraenkel

WAF:mb



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**RECREATION FOR THE MENTALLY RETARDED:  
A COMMUNITY BASED PROGRAM**

**A Three Year Report of a Research and Demonstration Project:  
"COMMUNITY RECREATION RESOURCES FOR THE RETARDED"**

by

**Arnold Birenbaum  
Research Consultant**

and

**Arthur L. Schwartz  
Project Director**

This project was supported by a demonstration grant (M.H. 00990) from the National Institute of Mental Health, United States Department of Health, Education and Welfare, Washington, D. C.

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### ACKNOWLEDGMENTS

The successful completion of the demonstration grant was due, in the main, to a great number of agencies and individuals who devoted an immense amount of effort and time to help prove the major theses of the project. Without the cooperation of the participating community centers through their Executive Directors, program staff and members of the Boards of Directors, the project could never have been initiated.

A large measure of the success of the program was also due to the project staff. Mr. James Ramseur, Staff Associate; Mr. Arnold Birenbaum, Research Consultant; Mrs. Sara Lausell and Miss Elaine Schmidt, Administrative Caseworkers worked diligently in keeping the project moving. A special note of thanks must be extended to Mr. Meyer Schreiber, now of the Children's Bureau, who as the original Project Director of the demonstration grant, conceived the idea that became the major premise of the demonstration program.

The cost of the demonstration program was borne by the National Institute of Mental Health, United States Department of Health, Education and Welfare. Special thanks is due N.I.M.H. for their recognition of the need for the demonstration program.

Special thanks are due to Mr. Stanley Geismar and Mr. Seymour Rubin, Chairmen of the Group Work and Recreation Committee of the Association for the Help of Retarded Children, New York City Chapter, for their support and encouragement.

Final thanks must go to the two secretaries in the department, Mrs. Rose Silbert and Mrs. Ethel LeGrand who devoted hour on hour of clerical and secretarial work related to the project, and to Mrs. Mary Brick who typed the final copy for printing. We also acknowledge the assistance of Caroline Birenbaum who edited the final copy of the report.

ARTHUR L. SCHWARTZ  
Project Director

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## CHAPTER I

### INTRODUCTION: COMMUNITY RECREATION RESOURCES FOR THE RETARDED IN NEW YORK CITY

#### A. Description of the Sponsoring Agency:

Since its formation in 1949, the Association for the Help of Retarded Children, New York City Chapter, has been engaged in sponsoring, organizing and promoting professional services for retarded children and adults who reside in the community with their families. As an organization of parents, relatives and friends of retardates, the Association is particularly sensitive to the special needs of this handicapped group and is most acutely aware of deficiencies in existing services. Because it is a voluntary agency, the Association has had the advantage of being able to pioneer in new areas without having to await legislative sanction.

The value of retaining retarded people in the community is an increasingly acceptable concept to both lay and professional groups. Some of the lags in community provisions for the younger retarded child have been overcome through the expansion of school facilities, diagnostic and clinical services, and improved parent education.

The improvement in services to the child defers rather than solves the parent's problem. By the nature of the disability, retarded persons require care and supervision throughout their lives. After adolescence most schools drop their responsibility for retardates and parents are faced with the pressure of trying to meet all the needs of the retarded member of the family. For many, this becomes a major mental health problem and whole family groups are adversely affected by the presence of a retarded young adult who is receiving no professional help or training and is becoming an increasing burden.

The general philosophy underlying all programs sponsored by the Association may be summarized as follows:

1. To provide activities satisfying to the retarded.
2. To train and equip the retarded for better adaptation to a community environment by developing maximum use of their potential.
3. To help the retarded person become a more independent member of a family group.
4. To relieve the pressures and consequent tensions of family groups created by the unmet needs of the retarded member.
5. To develop improved understanding by the parent so that the retarded person may be permitted to achieve a greater degree of independence.



These broad goals have been implemented by the following programs which are currently directly sponsored and supported by the Association for the Help of Retarded Children, New York City Chapter:

1. Educational Training Classes for 110 children who are denied admission to the existing public school program. Eleven classes in three public school buildings are currently operating with a staff of 12 full-time and 2 part-time workers.
2. The Bronx Habilitation Center, a program for groups of children who require a different emphasis than that provided in the Educational Training Classes. 35 severely retarded and multiply handicapped children are currently enrolled in this program.
3. A Sheltered Workshop and Training Center in Manhattan for 125 retarded young adults which has been in operation since 1953. An additional Sheltered Workshop for 40 Brooklyn residents was opened in 1964 and a similar one opened in Queens in October, 1965.
4. An Occupation Day Center for 65 severely retarded young adults which has operated since September 1959. Two additional units have been set up in Staten Island and Far Rockaway for another 20 trainees.
5. A Parent Education Program consisting of an organized series of classes, seminars and discussion groups under the direction of professional personnel and designed to assist parents with the specific problems they encounter in raising their retarded children.
6. A Counseling, Guidance and Information Service that operates centrally as a major source of referral for all problems arising in the community in which retardation is a major issue.

Not all the needs of the retarded can be met through educational and vocational training programs. In order for the retarded to remain in the community, it is also necessary that their psycho-social needs be met through the constructive use of leisure time. The Group Work, Recreation and Camping Department of the Association has been sponsoring leisure time activities on a planned basis since 1952. The program, under the supervision of professionally trained social workers, has been utilizing churches, synagogues, veteran's halls, schools, housing developments and other available community facilities throughout the five boroughs of New York City. Over 500 children, teens, young adults and adults participate in the program annually.

The structure of the program is varied. Social groups which meet on a weekly basis with skilled group leaders, are the foundations of the program. Bowling and swimming programs are conducted on a weekly basis under the supervision of

trained recreation leaders and volunteer assistants. A major social activity is the twice-a-month Saturday night Lounge Program that meets in all boroughs and offers opportunities for young adult and adult retardates to meet one another in an informal, relaxed atmosphere.

There are also a number of special interest activities. The Choral Society, Charm Class and Dance classes meet weekly; the Playgoers' Club, Diner's Club and Hiking Club meet on a monthly basis.

One day trips to places of interest in the New York City area, and week-end visits to Washington, D. C., Atlantic City or Philadelphia, are aspects of the program open to all age groups. Picnics, attendance at baseball and football games, and winter week-ends at camp provide other satisfying experiences.

Special events are regularly organized for large groups of retarded participants. Carnivals, dances and programs built around holiday themes have become an integral part of the Group Work and Recreation Program.

During the Christmas and Easter school holidays, one-week day camps are conducted for children who are enrolled in special education programs in the public schools or in the AHRC<sup>1</sup> school program.

There is a full warm weather program during the summer months. A variety of day camps and sleep-away camps are operated by the Association. More than 400 mentally retarded children, adolescents and young adults attend these programs annually.

The Group Work Department has also become a center of training for graduate students enrolled in schools of social work and for undergraduate students studying education, psychology and pre-social work.

#### B. Objectives of the Demonstration Grant:

It was obvious that AHRC, as a voluntary agency, could not continually expand group work services and recreational activities for the mentally retarded of New York under its own auspices. It was felt that recreational needs are more appropriately met in the local community than at a centralized agency and that the best service could be obtained through the cooperative action of existing social agencies serving residents of geographic sectors of the city. It seemed logical that if special education classes for retarded children were considered necessary adjuncts of the public schools, then analogous recreation groups for the retarded could become features of community centers serving a normal population.

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1. Henceforth the Association for the Help of Retarded Children will be referred to as AHRC.

The major objective of the demonstration project, "Community Recreation Resources for the Retarded" was to test the feasibility of extending the responsibilities of community group work agencies in New York to include the mentally retarded. The National Institute of Mental Health provided funds for the three year demonstration project which was sponsored by the Association for the Help of Retarded Children, New York City Chapter. The project staff consisted of five members: the Project Director and the Caseworker who were employed full-time; the Assistant to the Project Director and the Research Consultant who were part-time employees; and a secretary.

Although many of the thirteen group work agencies that participated had long histories of distinguished service to their communities, none had previously served the retarded as part of their general program. During the demonstration period, the agencies received financial support for their participation as well as consultative and intake services provided by the project staff. It was stipulated in the contract that the agencies would continue their programs for the retarded upon termination of the grant.

The demonstration project had the following specific aims:

1. To establish group work, recreation and leisure time programs in group service agencies in New York City. These would serve mildly and moderately retarded children, adolescents and adults who were currently ineligible for membership in existing programs at these agencies.
2. To determine the extent that group service agencies can contribute to meeting the psycho-social and leisure time needs of the mentally retarded.
3. To determine the role of the specialized agency (AHRC) in establishing group work programs for the mentally retarded in group service agencies.
4. To assist group service agencies with the operational problems created by the new services to the mentally retarded.
5. To assess the effects of contiguous program activities on both the groups of normals and retardates.
6. To determine under which conditions selected educable retarded individuals can be successfully included in the activities of normal groups.
7. To develop training manuals and publications to demonstrate the methods and procedures by which group service agencies and specialized agencies may cooperatively develop group work, recreational and leisure time services for the mentally retarded. These publications are to be circulated to professional staffs in other communities.



To insure the greatest possibility for successful demonstration of these aims, the following criteria were used for the selection of agencies:

1. Acceptance of the goals of the project by the group service agency.
2. An interest in and commitment to services to the retarded as an additional part of their program of community service.
3. High standards of service, including recognition by those professional associations which establish criteria in the field.
4. Geographical distribution in different areas of the city.
5. Variation as to sponsors, usual membership served, including different cultural, religious, socio-economic and ethnic groups.

The following responsibilities were assumed by the participating agencies as part of their development of group service to the retarded:

1. A commitment to continue services to the retarded after three years of participation in the demonstration program, including assumption of sponsorship and financial responsibility for the new services.
2. The executive directors, supervisors and group workers agreed to participate in three to five meetings each year with the staff of the demonstration project.
3. The agency would maintain individual and group records and to share these with the project staff.
4. Two agency group workers (one male and one female), would be assigned for each group of retarded members.
5. The groups of mentally retarded were to consist of not less than six and not more than fifteen members.
6. Groups were to begin operating within three months after the agency committed itself to participation in the project.

The following responsibilities were allocated to the project staff of the specialized agency:

1. The provision of consultation on a regular and sustained basis.
2. The preliminary screening of all referrals to the group work agency and the transmission of appropriate intake summaries.



3. Responsibility for developing training materials and programs.
4. Responsibility for initiating and conducting meetings of staff members at various agency levels.
5. Promoting professional interest and education for non-participating agency staffs and other professional personnel through seminars and institutes.
6. Disseminating information about the progress of the project to the participating agencies.
7. Providing a \$500 subsidy for each agency in which a group operated on a weekly basis between September and June of each year of the project.

The project staff developed a commitment of the group service agencies to the methods and goals of the project through the following procedures:

1. Initial contact with each agency was made through letters inviting their participation.
2. Exploratory meetings were held between the executive directors of the group service agencies and the project director.
3. The project proposal was considered by the Board of Directors and the staff of each agency.
4. The agreement to participate was confirmed in writing by the Board of Directors of each agency.

The following agencies agreed to participate:

1. Junior High School 45- This program is housed in a public school building and is part of an after-school center operated by the Community Education Division of the New York City Board of Education. The school is located in East Harlem, a low income area composed mainly of Puerto Ricans and Negroes.
2. Sumner Houses Community Center- This program is operated by the Community Education Division of the New York City Board of Education in a public housing project in Brooklyn. This low income area is composed mainly of Negroes and Puerto Ricans.
3. Bronx House- This community center is a voluntary agency mainly supported by funds from the Federation of Jewish Philanthropies of New York. The site of the building is a middle-income apartment house area of the Bronx. The area is predominantly Jewish.

4. Bronx River Neighborhood Center- This agency is a non-sectarian settlement house located in a public housing project in the Bronx. It derives its support from independent fund raising. The area has a mixed ethnic composition.
5. East Flatbush-Rugby YM-YWHA- This agency receives its major support from the Federation of Jewish Philanthropies of New York. It is located in a middle-income area of Brooklyn. The area is predominantly Jewish.
6. East Tremont YM-YWHA- This agency is supported by the Federation of Jewish Philanthropies of New York. It is located in a low income area of the Bronx. The area has a mixed ethnic composition.
7. Educational Alliance- This settlement house is supported by the Federation of Jewish Philanthropies of New York. It is situated in a low income area in Manhattan. The area has a mixed ethnic composition.
8. Flushing YM-YWHA- This agency is supported by the Federation of Jewish Philanthropies of New York. It is located in an upper middle income area of Queens. The area has a mixed ethnic composition, but is mainly Jewish.
9. Manhattanville Houses Community Center- This agency is a non-sectarian settlement house situated in a public housing project. It is supported by independent fund raising. This low income area of Manhattan is composed mainly of Negroes and Puerto Ricans.
10. Morningside Community Center- This non-sectarian settlement house is supported by independent fund raising. It is located in a public housing project in a low income area of Manhattan. The residents of the area are predominantly Negroes.
11. Upper Manhattan YWCA- This agency is a branch of the national organization. It is located in the center of the West Harlem business district in Manhattan. The area is composed mainly of Negroes with low incomes.
12. Staten Island Jewish Community Center- This agency is supported by the Federation of Jewish Philanthropies of New York. The building is located in a newly developing residential community on Staten Island. The area has a mixed ethnic composition.
13. Stuyvesant Community Center- This agency is supported mainly through independent fund raising. It is located in a public housing project in Brooklyn. The area is composed mainly of Negroes and Puerto Ricans of low income.<sup>2</sup>

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2. The Stuyvesant Community Center withdrew from the project at the end of the second year of its operation.

### **C. Criteria for Admitting and Grouping Members:**

In order for the participating agencies to conduct the project successfully it was necessary that the new program be easily adaptable into their existing frameworks of operation. None of the community centers had previous experience with mentally retarded clients and it was expected that the retarded population would be served with the basic group work skills utilized by the agency staffs in their programs for the normal population. The following conditions were therefore considered when establishing the criteria for eligibility and grouping of the retarded participants:

1. The population to be served must not upset the overall agency operations through excessive demands on staff time or manpower or by demonstrating uncontrollable behavior.
2. Individuals in the population to be served must not upset the operation of the demonstration program itself through aberrant behavior or dangerous actions.
3. The size of the groups would be limited to insure the necessary individual attention required by the population to be served.
4. Participants must possess some ability for self-care since the group situation would not allow time for excessive individual attention to clients.
5. Participants would be grouped by age to magnify the similarity of interests and problems of group members, thus enabling the staff to develop programs in the same manner with which they worked with groups of normal individuals.
6. Participants would be grouped by degree of retardation to concentrate similar problems and adaptive skills of group members.

The following criteria were established for admission to the program:

1. Identified retardates between the ages of 8 and 50 years, residing in New York City, were considered eligible.
2. Applicants with secondary physical handicaps were eligible for membership if the handicap did not necessitate specialized service.
3. Epileptics were eligible for participation if their seizures were controlled by medication or, in the opinion of the applicant's physician, participation in the program would not unduly provoke seizures.
4. Psychotics with overt symptoms that would disturb the group were not eligible because the program was not equipped to handle situations in which severe emotional disturbance appeared to be the primary problem.



5. Membership of parents in the sponsoring organization was not required but participating families were encouraged to join AHRC. Prior experience showed that participation of parents in the organization was valuable in helping them to secure other services for their children and in enhancing their own self-esteem.

The following criteria were established for grouping participants:

1. Groups would consist of members in the following age ranges: 8-12 years, 13-17 years, 18-30 years. Although the program was open to adult retardates up to the age of fifty, few applicants over thirty years of age desired admission.
2. Two ranges of intellectual function were established based on differences in intelligence quotient: participants with I.Q. scores of 50 - 75 were called "mildly retarded" and those with scores of 35 - 50 were called "moderately retarded". Although these terms were borrowed from the official nomenclature of the American Association on Mental Deficiency, they did not fully coincide with the I.Q. ranges used by that professional organization.<sup>3</sup>
3. The size of the groups was initially established at ten to twelve members, a small enough number so that group leaders could attend to individual problems, but sufficiently large to constitute a group even if some members were not participating in an activity. Because of the heavy demand for admission among adult retardates, the upper limit on group size for adults was raised to an average of fifteen members. This was possible because the adults were better able to care for themselves and to organize into group activities than were the younger participants.

Twenty-seven groups of retardates were created at the participating centers. The following table describes the composition of groups according to age and degree of retardation:

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3. The AAMD uses the term "mildly retarded" to refer to all individuals whose I.Q. scores are between 53 - 68 and "moderately retarded" for those with I.Q. scores between 36 - 52. See Harvey A. Stevens and Rick Heber, editors, Mental Retardation a review of research, (Chicago: University of Chicago Press, 1964) p. 4.



Table 1: The composition of groups by age and degree of retardation

| <u>Age</u>                 | <u>Degree of Retardation</u> |                 |    |
|----------------------------|------------------------------|-----------------|----|
|                            | <u>Mild</u>                  | <u>Moderate</u> |    |
| Children (8-12 years)      | 12                           | 2               | 14 |
| Adolescents (13-17 years)  | 7                            | 2               | 9  |
| Young Adults (18 and over) | 3                            | 1               | 4  |
|                            | 22                           | 5               | 27 |

In general the criteria for admitting and grouping participants were followed unless it was apparent that individual retardates would benefit from placement in a more or less demanding environment, or where increasing group size would not have any negative effect on the overall program. Where demand for service was great enough, members were grouped by intellectual abilities as well as by age. Where demand was small, applicants were grouped by age. The I.Q. scores of almost 7% of our population were below 35. It appeared that the social skills of the mentally retarded were not always commensurate with their intellectual abilities as measured by standard intelligence tests. Some mildly retarded individuals displayed fewer social skills than were expected and many of the moderately retarded appeared more skillful than their intelligence test scores implied. In fact, many individuals with I.Q. scores below 35 who were admitted on a trial basis were able to function within groups of moderately retarded individuals. While these observations are not derived from the use of objective indicators, it appears that this aspect of mental retardation deserves further exploration.

## CHAPTER II

### THE ROLE OF THE SPONSORING AGENCY

#### A. Introduction:

Screening and intake, consultation and the promotion of professional interests were tasks delegated to the sponsoring agency. As the participating community centers had not served the mentally retarded prior to their involvement in the project, it was apparent to the project staff that initially these agencies would not be able to provide casework services to the special population. In addition, the special character of the population necessitated consultation between the specialized agency and the community centers. Finally, the sponsoring agency was interested in proliferating community recreation resources for the mentally retarded. In order to further this end, AHRC sought to convince interested professionals that the demonstration project was successful and could be adapted to other local agencies.

#### B. Screening and Intake:

##### 1. The Caseworker

The caseworker, a member of the project staff of the sponsoring agency, handled the intake procedure for the entire program. This was the major means of collecting information about clients. In addition, the intake process was in itself a service to participating families as they were helped to express their problems and seek plans of action during the interviews.

The specific intake functions of the caseworker were:

- a. To assess the retardates' social needs and functioning for purposes of referral to an appropriate group.
- b. To implement referrals to group service agencies cooperating in this project by means of referral summaries which interpreted individual needs and level of functioning for the group work staff.
- c. To refer retardates and their families to other community services such as mental retardation clinics, family casework agencies, public agencies with vocational rehabilitation facilities or public school placement when such service appeared useful to the client.
- d. To screen out individuals with severe physical or emotional disabilities who, by virtue of these additional handicaps, would not be able to make use of the group work service offered by the project.

The intake population refers to retardates in all age categories who were seen by the caseworker either in the specialized agency or in the local agency which recruited them. The clients came to the project from a variety of agencies,

including public schools, hospital clinics, State after care clinics, family agencies, the Department of Welfare, or the Division of Vocational Rehabilitation. Some clients came from other AHRC projects such as the sheltered workshop. In addition, many clients who were seen at the specialized agency learned of the project through word of mouth, newspapers, telephone directories, etc.

The total population represented a broad continuum in terms of: (1) the amount of community services they had been able to obtain in the past; and (2) their general knowledge and sophistication about retardation - particularly with regard to the service they actually, rather than ostensibly, were seeking. Table 1 presented below does not include a relatively small number of "old" clients of the Group Work and Recreation Department of AHRC who had received service from the local agency before the project began and who continued at the same locations within the framework of the demonstration project. Some of the "recruited" clients were not included because they were not completely processed through intake due to difficulties in enlisting their parents' cooperation.

Table 1

Description of the population seen during intake from September, 1963 to June, 1964:

| Sex |    | Age Category |       |         |     | Disposition |                                |
|-----|----|--------------|-------|---------|-----|-------------|--------------------------------|
| M   | F  | Child.       | Adol. | Yg. Ad. | Ad. | Referred*   | Rejected or withdrew at Intake |
| 145 | 83 | 84           | 48    | 90      | 60  | 213         | 15                             |

Total: 228

Description of the population seen during intake from September, 1964 to June, 1965:

| Sex |    | Age Category |       |         |     | Disposition |                                |
|-----|----|--------------|-------|---------|-----|-------------|--------------------------------|
| M   | F  | Child.       | Adol. | Yg. Ad. | Ad. | Referred*   | Rejected or withdrew at Intake |
| 73  | 48 | 23           | 22    | 65      | 10  | 100         | 21                             |

Total: 121

\*Denotes referral to NIMH groups, groups run by AHRC or a combination of services appropriate.

The decrease in the total number of clients seen during the intake procedure from the first year of the project to the second year is related to the changes in the



development of the project. The reduction in the extent of contact between clients and caseworker can be attributed to three factors:

1. Clients who wished to return to the NIMH programs for the second year were invited to return directly to the group service agencies without being processed a second time through intake at the specialized agency.
2. Two of the group service agencies began to handle their own intake procedures and a third agency processed a relatively large number of individuals.
3. During the 1964-65 season some of the mentally retarded children who were recruited directly by the group service agency were not interviewed by the project caseworker when it became impossible to involve their parents in intake; this decision was based on the results of initial intake interviews where the absence of parents made the interview unproductive with regard to the assessment of the client's social functioning.

The number of individuals who were rejected from participating in the programs increased from the first to the second year of the project. During the 1963-64 season 6.5% of the total population seen at intake were rejected and this percentage increased to 17.5% for the 1964-65 season. This change in the rates of rejection seems to be attributable to increased knowledge in professional circles of the project's existence and an influx of referrals from agencies dealing with psychotic clients who function on a retarded level.

## **2. Intake Procedure**

Clients were often referred to the intake interview by other social agencies. When this occurred, a written summary containing the following information was requested from the agency:

- a. Why the referral was made.
- b. How the client is known to the agency doing the referral.
- c. The degree of retardation, the social functioning and the medical history of the client.
- d. Suggestions which would be useful in planning for the client.

When the summary was received by the Administrative Caseworker, an application form was sent to the prospective client. The application included waiver blanks in which the family was to give permission for the designated agencies, clinics or private consultants to release information about the retardate. If the client attended school, requests for information were also sent to his teachers and to the Bureau of Child Guidance, an agency which tests all children in the public school system of New York City.



The same procedure was utilized with clients who were self-referred or who came from sources other than social agencies. However, no referral summaries were available for these individuals. Originally we had planned to make intake appointments for clients only after the Administrative Caseworker had received the referral summaries from other agencies. Due to the variation in the rates of return of these summaries, it became necessary to administer intake interviews for a considerable number of clients about whom little or nothing was known. In these instances, the caseworker had to devote considerably more time to exploration and clarification of the client's history and present condition or problem. Without the presence of waiver material, the caseworker could not fully arrive at a diagnosis since clinical team workups were absent. Some individuals were excluded from the program even when waiver material was missing, when the client and his family presented the following characteristics to the caseworker:

- a. Apparent lack of mental retardation in individuals who demonstrated obviously average or above average intelligence.
- b. A history of psychotic breakdowns followed by treatment or institutionalization at a facility for the mentally ill.
- c. Extreme hyperactivity and/or impulsivity which raised doubts concerning the extent to which the physical safety of this individual and/or other participants in the program could be guaranteed.
- d. Aberrant behavior such as sexual exhibitionism or obvious hallucinations.

These characteristics of clients were also considered when waiver material was available but the caseworker was able to assess the client's needs and ability to function in a group work setting with greater certainty.

### 3. Intake Interviews

Separate interviews were held with both the retarded person and the parent or family member who accompanied him. Generally the mother represented the family, but there were a few instances when both parents and/or siblings came to the interview. Usually the retardate was seen first. This provided the caseworker with an opportunity to observe his functioning in a "new" situation. This procedure was also helpful in locating those individuals who had difficulty in containing their anxiety about being "tested" and examined, or about being separated from the family member who accompanied him. Separation anxiety was mentioned in the description of the client that the caseworker prepared for the participating agency. This trait was considered to be one problem the group work program could attempt to eliminate through the establishment of realistic and challenging goals for the retardate. Parents who were not aware of the problem were asked to set similar goals for their children with respect to everyday tasks at home.

In many instances the speech of the retarded was impaired or undeveloped. Non-verbal means often had to be employed to qualitatively assess the level of functioning of the retarded client. Toys, games and drawing materials were used with children, while with adults, paper and pen, calendars, coins and other objects were useful in evaluating the general level of retardation.

Many behavioral characteristics could not be examined during the intake interview and could only be located through case histories. For example, a client's unwillingness to associate with other retarded individuals often was not evident during the intake interview but was noted on a school record.

Since in most cases, the demonstration program supplemented other full-time programs, current unmet psycho-social and leisure time needs were considered to be as relevant as developmental descriptions of the population. Thus, in interviewing parents, the caseworker gathered information concerning everyday activities including school or training programs, rather than medical histories and etiologies. The parents were provided with a great deal of information about the program including overall goals, the time and location of group meetings and the availability of other services for the individual.

#### 4. Procedural Problems

Several problems became evident during the operation of the intake procedure:

- a. Many clients, particularly those not referred to the program by other social agencies, never had a diagnostic evaluation. While there was awareness of general impairment of functioning on the part of their families and their school, there was considerable vagueness about the nature of the impairment. During the course of some intake interviews, the caseworker did not know whether she was dealing with a case of mental retardation with concomitant physical or emotional disabilities, or with a case in which these disabilities were the primary handicaps and retardation (as defined by the project) was not present. The lack of proper diagnostic evaluations made the placement process less precise than was originally anticipated.
- b. Adequate methods of directing the client and his family from intake to the program were not initiated at the beginning of the project. According to our records, about 15% of the clients who were referred to group work services never participated in the program. During the second year of the program this proportion dropped slightly. The failure to participate in the program after going through intake and referral could be related to the following factors:
  - (1) Transportation difficulties: in the cases of the younger retardates, most of them cannot travel alone and the parent must accompany the child to the community center. This kind of effort may make the program very time-consuming for the family.

- (2) Families may not perceive group work as an important service which will meet the needs of the retardate and enhance his performance. It is evident that other services (vocational, educational) seem much more critical to the retardate and his parents. In fact, parents often come to the project in search of vocational or educational services. In order to reduce the loss of participants after intake and referral, more intensive efforts at interpretation of the project's purposes must be provided for the parents.
- c. Intake interviews conducted away from the specialized agency presented problems for the caseworker. In a number of instances, group members were "recruited" directly by the participating agencies rather than being referred by the specialized agency. This was done primarily through the cooperation of personnel in neighborhood schools. Those retarded children who were recruited in this manner were not seeking a service as were these who were seen during intake at the specialized agency.

By virtue of these arrangements, parents often had to be persuaded that the program would be beneficial for their children. Some parents, particularly those from socially disadvantaged groups, could not accept the definition of retardation as applied to their children by the school and other community agencies. In order to deal with the lack of motivation on the part of parents of children recruited directly by the participating agencies, the caseworker conducted intake at the various centers. It was reasoned that parents who were unwilling or unable to accept the definition of retardation for their children would be unwilling to travel to the specialized agency for an intake interview. For these parents the presence of the children in the program was considered an important step towards increasing their understanding of the child's handicap. In addition, some basic information or further sources of information might be received from the parents.

Where parents were unwilling or unable to come to the community center for the intake interview, the group work agencies often assigned to the group leader the time-consuming task of home visits in order to get application forms completed by the parents.

In those instances where the caseworker interviewed the client and parents at the group service agency, a number of difficulties were noted which appear to be due to the lack of controls over the situation in the group service agency. It was difficult to maintain a relaxed and flexible approach since privacy was difficult to attain at busy centers. Appropriate play materials were not available at many places. The project staff do not expect these difficulties to remain when the intake process is taken over by the community centers, since it is expected that appropriate environmental arrangements will be made for the permanent practice of intake.



As mentioned above, it was originally considered desirable to establish a centralized intake service operated by the sponsoring agency because of the inexperience of the participating community centers with a retarded clientele. Centralized intake done at the specialized agency presented a number of problems which tended to offset its initial advantages. The greatest problem resulted from the confusion which was created for some clients with regard to where and when they were to receive services. On some occasions the client became "lost" to the program during the period between the initial intake at the specialized agency and the invitation of the community center to register for the program. There is no question that intake for a group work service properly belongs in the community center where the retardates will attend the program. These agencies are more accessible to the client and are identified with the kind of service he is to receive.

During the 1964-65 season, two agencies began to systematically administer their own intake. All participating community centers will begin to handle some intake responsibilities during the final year of the project. This procedural change is designed to prepare the group service agencies for the following year when the program will be operated autonomously by each agency. An intake workshop for the supervisory personnel of these agencies will be conducted by the caseworker as a means of preparing the agency for complete responsibility for the operation of the program. In addition, consultation on intake policy or problematic issues with regard to individual intake operations will be continuously available.

#### C. Consultation:

Consultation is a relatively new concept in social work. There are few models available to explain what is involved in the performance of this role. In the Resource Handbook for Staff Members of Cooperating Community Agencies which the project staff produced as a guide to the various roles which were to be performed, consultation was defined as "primarily an enabling process through which a new service-group for the mentally retarded can be absorbed into the traditional group work agencies' program. It is not, at any point, seen as an alternative or substitute for group work supervision."

Consultation was provided by the Project Director and the Administrative Caseworker who visited community centers both individually and as a team. Consultation generally covered the following areas:

1. Aspects of mental retardation which were applicable to the group or groups served; for example, the various levels of retardation were discussed and the implications of these different conditions for the social functioning of the clients.



2. Administrative procedures and the justifications for these procedures: this included the need for formal applications for each client, weekly group process records, individual summary evaluations, attendance records, etc. Constant reinforcement concerning the need for such routine standardized procedures became part of the consultant's activities, particularly in community centers where supervisors perceived themselves as being overburdened. Clarification and review of procedures took place periodically both through direct consultation with the agency's staff and at meetings on various agency levels.
3. While program content was essentially a matter to be determined by the community center staff, during the initial phase of the project the consultant served as a resource concerning the type of program which would be appropriate with a retarded population. Staff turnover at the various agencies often necessitated a repetition of this procedure. The project staff felt called upon to make few suggestions and those made were related to enriching program content rather than to making basic changes.
4. Individual problems which the mentally retarded presented to the host agency or in the community were occasionally brought to the project staff by the community center staff. When this occurred the project staff attempted to help the center staff evaluate the appropriateness of their service for the client and to locate other services which might also meet the retardate's needs. Since the initial formulation of consultation attempted to preserve the distinction between consultation and supervision, the project staff did not take on a teaching role with regard to the community center staff. This was considered to be the responsibility of the group work supervisor and therefore the project staff did not attempt to analyze the meaning of the individual behavior or suggest techniques for dealing with this behavior in a group setting.
5. Sources of recruitment of clients were discussed both at the beginning and at the end of the program year. It became clear that many of the participating agencies could serve larger numbers of retardates in their programs. Ways of recruiting were reviewed at these agencies. At two of the centers serving young adults, groups were almost entirely composed of males and the agencies turned to the project staff for suggestions. It was suggested that the community centers contact the specialized agency's sheltered workshop and training center for mentally retarded adults, but unfortunately this source did not yield female clients in the neighborhoods covered by the centers.
6. An important aspect of consultation were efforts on the part of the project staff to make other agencies serving the retarded aware of the "community recreation resources for retarded" program. In order to facilitate recruitment to the program, it was emphasized that community centers should become acquainted with agencies which are likely to include retardates in their general population. These agencies ranged from local clinics (neuro-

logical, pediatric, or mental hygiene) to city wide agencies such as the Board of Education or the Department of Welfare. The community centers were provided with information about the structure and admission policies of special classes in the public schools, the types of cases which clinics or family service agencies accept and the kinds of vocational training facilities available to the retarded. This kind of information established a two-way flow of communication during the final phases of the project: referrals could be made to these other agencies by the community centers as well as from these agencies to the community centers.

7. When consultation was employed. The number of times consultation was carried on with each agency was determined by the community center's needs. These "needs" refer to the degree of severity of the problems encountered in establishing group work facilities for the mentally retarded as part of the center's service to the community. Certain needs received great attention through consultation since if they were not met the project could not operate according to its aims. For example, a center which manifested difficulty in recruitment and maintaining group members needed more consultative visits and telephone communications than other centers which ran larger programs.

While the term "consultation" implies that the consultee is free to request and utilize the service as he sees fit, it was found that these requests were not accurate indicators of need. In some cases agencies which performed their tasks well made greater use of consultation than agencies which demonstrated greater need of the service. These latter agencies often had to be approached directly by the project staff to get them to recognize some of their problems. This diagnostic task was an extremely important aspect of the consultant's role.

Generally the higher the socio-economic level of the community in which the center was located, the more likely consultation was concerned with refinements of program (e.g., explanations of differences of behavior of the retarded with different etiologies). The lower the socio-economic level of the community in which the center was located, the more likely the consultation was concerned with the necessary prerequisites of programs (e.g., recruitment). Two explanations can be offered to account for these differences. Community centers in low income areas have difficulty in financing their programs. Since their economic support is uncertain they tend to be understaffed. Often, non-program tasks of the project were not performed at these agencies. In addition, other problems with which agencies in these areas are concerned, such as delinquency and unemployment are more salient than the problem of retardation. Arousing and maintaining interest in a program for the retarded among the staffs of these agencies was difficult by virtue of the retarded's low visibility and low level of disruptiveness compared to others in the neighborhood.



While community context tends to influence the kinds of problems that the consultants had to deal with, individual variation among group workers also had this affect. For example, a mature male graduate social work student in a community center in a low income area showed a great deal of interest and initiative in his field assignment as leader of a group of retarded individuals. He assumed complete responsibility for school and parent contacts in order to increase recruitment for the group. The project staff did not become aware that recruitment tasks were never assigned within the agency. It was only after the student left the agency that recruitment became a problem on which consultation was required.

Consultation became necessary when changes in the group work staff occurred. This was particularly evident when group work supervisors left the agencies. In these cases consultation took the form of basic orientation to the aims and methods of the project.

**D. Training of Group Work Staff and the Promotion of Professional Interest:**

1. The purpose of training and the promotion of professional interest. Training and extending professional interest was a major aspect of the project for three reasons:
  - a. Few of the cooperating agencies had experience or training in serving the mentally retarded prior to their participation in the project. In order to accomplish the goal of effectively serving the mentally retarded in a group work setting, group workers at participating agencies had to be informed about the causes and conditions of retardation and which agencies their clients could be referred to for other kinds of services.
  - b. Other agencies serving the retarded in New York City had to be introduced to the kinds of services their clients could receive through the project. It was expected that agencies which knew of the establishment of the project would refer clients to the project.
  - c. One of the goals of the project was the permanent establishment of group work programs for the mentally retarded at participating agencies as a means of convincing other community centers that they too could help meet the leisure time needs of the mentally retarded. In order to accomplish this goal, mechanisms for describing and evaluating the efforts of the demonstration project had to be established which would reach a large audience in social work.

How were these tasks accomplished? What kind of professional training was provided for group workers at participating community centers? What kind of professional audience was reached by the project? To what extent are similar programs being established at community centers which did not participate in the demonstration project?



## **2. Training for the group work staff of participating agencies**

The amount of training and orientation provided to the staffs of participating agencies varied according to the kind of roles members of the staffs were expected to perform in relation to the project. Different kinds of training were provided at different organizational levels of the community centers.

The executive directors of the participating agencies met with the project staff four times a year. During these sessions the executive directors were given general orientations to the field of retardation. By virtue of their positions within the community centers it was expected that they would have little contact with the groups of mentally retarded served by their agencies. Most of the discussion centered around common administrative tasks and recurrent problems.

Meetings with the supervisors were held three times a year. Such specific aspects of retardation as etiology of retardation and the behavioral characteristics of the mentally retarded were discussed in great detail. In addition, general problems of group work as they were related to the mentally retarded were brought to the attention of the supervisors. Group leadership and program with the mentally retarded as well as sources of recruitment were included in these sessions.

The group leaders met with the project staff four times during the year. Two kinds of training were carried out through these sessions: leaders had to establish the emotional assurance that they could carry out their assignments as well as receive knowledge about retardation. It was found that these tasks were interdependent.

The leaders had little knowledge about mental retardation and were unsure about what would be expected of them in working in this area. In addition, many of the leaders were graduate students from schools of social work who were doing their field work. While the students were anxious to succeed in their assignments, some had no previous experience in group work. These conditions led to some anxiety about their expected performance as leaders with groups of mentally retarded individuals. The initial training meetings were useful in allaying some of their concerns.

The project staff observed that as the leaders gained knowledge and understanding of mental retardation and discovered that generic group work concepts could be applied to working with groups of mentally retarded individuals, some of the anxiety was relieved. A comparison of the content of the first meeting with later meetings is indicative of this process: where the first meeting pertained to the leaders' expectations of the group and how these groups were similar or different from "normal" groups, later meetings were devoted to the area of program development.

### **3. In-service training seminars**

In order to provide specialized knowledge to the staffs of the participating agencies and to introduce other professionals in social work to the kinds of services available through the project and through other facilities, a series of in-service training seminars were established. Fifteen to twenty in-service training seminars were held bi-monthly during each year of the demonstration project. These sessions were open to staff members of the cooperating group service agencies and to professionals in social work, education, psychology and other practices related to mental retardation.

The training seminars included almost all aspects of mental retardation (see appendix for a complete list of topics). Subjects ranged from medical research in retardation, education, the legal status of the retarded, vocational programs, to casework with families of retarded children. Prominent specialists in mental retardation served as seminar discussion leaders.

The average attendance at the seminars was about twenty-five. Various social welfare agencies in New York City were represented, among them The Department of Welfare of New York City and the Jewish Board of Guardians. While the general opinion among the participants at the in-service training seminars was that the program was an excellent educational experience, it seems to be a more effective device for disseminating information about mental retardation and available services for the retarded among interested professionals than as a training tool. During the past year 38% of those who applied for the service were referred by other social agencies. On the average, only about three group leaders from the thirteen participating agencies attended each meeting.

### **4. Institutes on group work with the mentally retarded**

A series of "institutes" was established as a means of describing and evaluating the efforts of the demonstration project to a wide audience in social work. In contrast to the in-service training seminars, the institutes were organized around programmatic issues rather than general aspects of retardation. A principle speaker or set of speakers presented position papers which were the starting points for general discussion or workshops. The major theme throughout the institutes was: what contributions can group work in particular and social work in general make toward meeting the needs of the mentally retarded?

The following institutes were organized under this general theme:

- a. Integration of the Mentally Retarded in Community Group Service Agencies: A Look at Knowledge, Methods and Gaps.
- b. Introduction of a New Service: Developing Group Work and Recreation Services for the Mentally Retarded in a Community Group Service Agency.

- c. Recent Developments in Mental Retardation and Their Significance for Family and Child Care Agencies.
- d. Some Basic Concepts in Social Group Work and Recreation with the Mentally Retarded.
- e. Mental Retardation Content in the Social Work Curriculum.
- f. Enriching Social Work Curriculum with Mental Retardation Content.
- g. Peer Groups for the Mentally Retarded in the Community Group Service Setting: Knowledge, Methods and Gaps in Utilization of this Service.
- h. Recent Developments in Mental Retardation and Their Implications for Medical Social Workers.

This program received a great deal of attention from social workers throughout the eastern part of the United States. Attendance averaged over one hundred for each of the eight institutes and representatives were present from every school of social work in the metropolitan area.

- 5. The publications of the proceedings of the institutes  
In order to further the dissemination of information about the demonstration project, the staff published a series of detailed proceedings of the institutes. This effort was well received by members of the social work profession. Over 1,000 requests for the proceedings have been received from all over the world. Many of the publications of the project are now required reading at some schools of social work in the United States.

- 6. An assessment of the role of training and the extension of professional interests through the project  
The final evaluation of the project's impact on the practice of group work should be measured by the extent to which these kinds of programs become part of the routine of services offered by group service agencies. It is still too early to establish how many community centers are initiating such services for the mentally retarded. It should be noted that within New York City, at least two agencies have begun to offer programs for the mentally retarded under their own auspices. One of the agencies was a participant on the project while the other agency responded to a parent request to initiate a group work program. It is expected that other agencies will begin similar programs in the near future.

The apparent willingness of social workers to begin programs for the retarded in group service agencies does not necessarily mean that these groups will become established without a request for this service. This request can come



from parents themselves or from AHRC or other organizations representing the needs of the retarded.

Finally, one of the most important ways of extending professional interest to a new concept and practice is to train young professionals to be proficient in this area. This project was fortunate in gaining access to graduate students of group work as group leaders for the program. About sixty percent of the groups were led by graduate students in group work. Since many of these forty-five new professionals will be in decision-making positions at other community centers in the coming years, it is expected that they will enhance the proliferation of this service.

### CHAPTER III

#### THE POPULATION SERVED

#### A. Introduction:

The group work and recreation program for the retarded served a total of 307 individuals at 13 community centers during the first two years of its operation. A number of questions are raised about this population:

1. What are the salient characteristics of the participants?
2. How representative is this aggregate of the general population of retarded people?
3. How stable was the population served?
4. To what extent did the services reach families beyond those already knowledgeable about programs available to the retarded in New York City?
5. To what extent has a pattern of reaching families unfamiliar with services for the retarded been established?

#### B. Description of the Population Served:

##### 1. Age

Almost half of the participants were between seven and twelve years old, and more than two-thirds of the total population was under the age of seventeen upon entrance into the program. Table 1 describes the age distribution of the population during the first two years of the program.

Table 1

Age of participants at time of entrance into the program:

| Age   | 1963-64 |     | 1964-65 |    | Combined Total |     |
|-------|---------|-----|---------|----|----------------|-----|
|       | %       | N   | %       | N  | %              | N   |
| 7-12  | 45%     | 100 | 45%     | 39 | 45%            | 139 |
| 13-17 | 32%     | 63  | 26%     | 23 | 28%            | 86  |
| 18 +  | 23%     | 57  | 29%     | 25 | 27%            | 82  |

##### 2. Sex

Males composed almost two-thirds of the participants in the various groups. During the second year of the program the number of females increased.

Table 2 describes the distribution of the population by sex for the first two years of the program.

Table 2

Sex of the population served by the program:

| Sex    | 1963-64 |     | 1964-65 |    | Combined Total |     |
|--------|---------|-----|---------|----|----------------|-----|
|        | %       | N   | %       | N  | %              | N   |
| Male   | 65%     | 142 | 54%     | 48 | 62%            | 190 |
| Female | 35%     | 78  | 46%     | 39 | 38%            | 117 |

### 3. Intelligence Test Scores

The intelligence test scores of the participants ranged from over 85 to below 25. The modal class appears at the 55 to 64 range. The total population appears to be distributed in a normal curve, slightly skewed downward. This aggregate is composed primarily of the lower range of the educable retarded. Over half of the intelligence test scores are derived from the Stanford-Binet form L scale. Over half of the tests were administered through the Bureau of Child Guidance of the Board of Education of the City of New York. About twenty-five percent of the tests were administered at various diagnostic clinics in the New York area (e.g., Flower Fifth Avenue Hospital, the Jewish Hospital of Brooklyn). Table 7 describes the distribution of intelligence test scores for the population for the first two years of the program.



Table 3

Distribution of the population by intelligence test scores:

| I.Q.  | 1963-64     |          | 1964-65     |          | Combined Total |          |
|-------|-------------|----------|-------------|----------|----------------|----------|
|       | %           | N        | %           | N        | %              | N        |
| 85+   | 1.5%        | 2        | 0           | 0        | 1.1%           | 2        |
| 84-75 | 7%          | 9        | 4.3%        | 2        | 6.2%           | 11       |
| 74-65 | 20%         | 26       | 23.4%       | 11       | 21%            | 37       |
| 64-55 | 27.7%       | 36       | 36.2%       | 17       | 30%            | 53       |
| 54-45 | 23%         | 30       | 12.8%       | 6        | 20.3%          | 36       |
| 44-35 | 16.2%       | 21       | 10.6%       | 5        | 14.6%          | 26       |
| 34-25 | 2.3%        | 3        | 10.6%       | 5        | 4.5%           | 8        |
| 24-   | <u>2.3%</u> | <u>3</u> | <u>2.1%</u> | <u>1</u> | <u>2.3%</u>    | <u>4</u> |
|       | 100%        | 130      | 100%        | 47       | 100%           | 177      |

## 4. Education:

Over seventy percent of the population is either currently enrolled in the CRMD classes of the Board of Education of the City of New York or has passed through these classes. Over half the population were in classes for the "educable" mentally retarded while about twenty percent of the population were in classes for the "trainable" mentally retarded. Table 4 describes the schooling of the population served for the first two years of the program.

Table 4

## Education of group members:

| Schooling                              | 1963-64              |                  | 1964-65              |                 | Combined Total       |                  |
|----------------------------------------|----------------------|------------------|----------------------|-----------------|----------------------|------------------|
|                                        | %                    | N                | %                    | N               | %                    | N                |
| Educable<br>Mentally Retarded          | 51.8%                | 114              | 46%                  | 40              | 50.2%                | 154              |
| Trainable<br>Mentally Retarded         | 20%                  | 44               | 18.5%                | 16              | 19.2%                | 60               |
| Regular Classes                        | 1.8%                 | 4                | 1.1%                 | 1               | 1.6%                 | 5                |
| State Training<br>Schools              | 1.4%                 | 3                | 0                    | 0               | 1%                   | 3                |
| AHRC's Educational<br>Training Classes | .9%                  | 2                | 0                    | 0               | .6%                  | 2                |
| Private                                | 1.8%                 | 4                | 3.4%                 | 3               | 2.3%                 | 7                |
| None                                   | .9%                  | 2                | 2.3%                 | 2               | 1.4%                 | 4                |
| Unknown                                | <u>21.4%</u><br>100% | <u>47</u><br>220 | <u>28.7%</u><br>100% | <u>25</u><br>87 | <u>22.4%</u><br>100% | <u>72</u><br>307 |

## 5. Full-time Activities of the Total Population

In addition to the demonstration project, most of the participants were enrolled in some kind of full-time program. Table 5 shows that over half of the total population was in attendance in the public school system of New York City. Only 3% were currently attending programs in private schools. About 10% of the entire population was not involved in any full-time activity, such as schooling, occupational rehabilitation, sheltered employment or competitive employment. This group consisted mainly of adults who, having terminated their enrollment in the school system, either were not currently active in any program for the adult retarded or were unemployed.

Table 5

Full-time activities of the total population:

| Activity                                    | 1963-64    |           | 1964-65    |           | Combined Total         |           |
|---------------------------------------------|------------|-----------|------------|-----------|------------------------|-----------|
|                                             | %          | N         | %          | N         | %                      | N         |
| Public Schools                              | 60%        | 130       | 47%        | 41        | 55.7%                  | 171       |
| AHRC's Sheltered Workshop & Training Center | 5%         | 11        | 4.6%       | 4         | 4.9%                   | 15        |
| AHRC's Occupational Day Center              | 1%         | 3         | 4.6%       | 4         | 2.3%                   | 7         |
| AHRC's Educational Training Classes         | .5%        | 1         | 0          | 0         | .3%                    | 1         |
| Private Schools                             | 3%         | 7         | 2.4%       | 2         | 2.9%                   | 9         |
| Employed                                    | 7%         | 16        | 1.2%       | 1         | 5.5%                   | 17        |
| Unemployed and/or not in program            | 9.5%       | 21        | 16.2%      | 14        | 11.4%                  | 35        |
| Unknown                                     | <u>14%</u> | <u>31</u> | <u>24%</u> | <u>21</u> | <u>17%<sup>1</sup></u> | <u>52</u> |
|                                             | 100%       | 220       | 100%       | 87        | 100%                   | 307       |

## 6. Full-time Activities of Adults

Thirty percent of the mentally retarded adults served by our program were not involved in any full-time activity, whether this be a daily program for the retarded or a job. Table 6 describes the full-time activities of the adults in the population.

<sup>1</sup>1. The high percentage of "unknowns" in the population will be explained and analyzed later in this chapter.



Table 6

Full-time activities of the adults in the group work and recreation program:

| Activity                       | 1963-64    |           | 1964-65    |          | Combined Total |           |
|--------------------------------|------------|-----------|------------|----------|----------------|-----------|
|                                | %          | N         | %          | N        | %              | N         |
| Employment                     | 28%        | 16        | 4%         | 1        | 21%            | 17        |
| Workshop                       | 19%        | 11        | 16%        | 4        | 18%            | 15        |
| AHRC's Occupational Day Center | 6%         | 3         | 16%        | 4        | 9%             | 7         |
| No Activity                    | 28%        | 16        | 36%        | 7        | 30%            | 23        |
| Unknown                        | <u>19%</u> | <u>11</u> | <u>28%</u> | <u>7</u> | <u>22%</u>     | <u>18</u> |
|                                | 100%       | 57        | 100%       | 23       | 100%           | 80        |

#### 7. Attendance in other part-time programs

Although recreation and group work facilities are provided for the retarded on a sustained basis by AHRC and such organizations as the Boy Scouts, three-quarters of the participants in our program were not simultaneously involved in any other part-time recreation programs. Table 7 describes those members of our population involved in additional part-time programs for the retarded according to the year of entry into the demonstration project. Almost two-thirds of those attending additional part-time recreation programs were adults.

Table 7

| 1963-64 |    | 1964-65 |    | Combined Total |    |
|---------|----|---------|----|----------------|----|
| %       | N  | %       | N  | %              | N  |
| 25%     | 54 | 26%     | 23 | 25%            | 77 |

According to available estimate, approximately nine out of ten retardates can be classified as "mildly" retarded.<sup>2,3</sup> These are people whose intelligence test scores

2. Mental Retardation, U.S. Department of Health, Education and Welfare, July, 1963, p.7.

3. The nomenclature used here is borrowed from the official classification of the American Association on Mental Deficiency. See Harvey A. Stevens and Rick Heber, editors. Mental Retardation: a review of the research (Chicago: University of Chicago Press, 1964), p.4

are approximately fifty-three to sixty-eight on the standardized scales currently used for testing. According to data collected by the group work and recreation project, approximately half of the population served by the program were in this category.

While less than seven percent of the entire retarded population are described as "moderately retarded", (I.Q. 52-36), thirty-five percent of those served by our program were in this range. The moderately retarded were over-represented in our program: five times as many moderately retarded were served as are found in the general population of the retarded. Similarly, although less than two percent of the general retarded population are described as "severely" retarded, (I.Q. 35-20), over six percent of the population served by our program falls in this range.

#### C. Description of the Families of the Population Served:

##### 1. Socio-economic status of the families of the population served:

The families of the population served comprise an occupational cross-section of the community. The largest percentage of participants for whom we possess data are from families where the father is in a professional or managerial position. Over one-third of the fathers are either in white collar occupations (including professional and managerial) or are in service or skilled trades. Table 8 describes the occupational distribution of the fathers in the families of the retarded served by this program.

Table 8

Occupation of fathers of the retarded in the program:

| Occupational Category     | 1963-64    |          | 1964-65     |          | Combined Total |          |
|---------------------------|------------|----------|-------------|----------|----------------|----------|
|                           | %          | N        | %           | N        | %              | N        |
| Professional & Managerial | 14.1%      | 31       | 8%          | 7        | 12.5%          | 38       |
| Clerical & Sales          | 12.3%      | 27       | 6.9%        | 6        | 10.7%          | 33       |
| Service                   | 12.3%      | 27       | 9.2%        | 8        | 11.5%          | 35       |
| Skilled Trades            | 9.5%       | 21       | 6.9%        | 6        | 8.8%           | 27       |
| Semi-skilled Trades       | 5.5%       | 12       | 13.8%       | 12       | 7.8%           | 24       |
| Unskilled Trades          | 5.5%       | 12       | 5.7%        | 5        | 5.5%           | 17       |
| Disabled, Retired         | 1.8%       | 4        | 8%          | 7        | 3.6%           | 11       |
| Occupation Unknown        | 29.5%      | 65       | 33.3%       | 29       | 30.6%          | 94       |
| Welfare Recipients        | 2.7%       | 6        | 2.3%        | 2        | 2.6%           | 8        |
| Deceased                  | 5%         | 11       | 2.3%        | 2        | 4.2%           | 13       |
| Separated Divorced        | .9%        | 2        | 2.3%        | 2        | 2.3%           | 4        |
| Unemployed                | <u>.9%</u> | <u>2</u> | <u>1.3%</u> | <u>1</u> | <u>.9%</u>     | <u>3</u> |
|                           | 100%       | 220      | 100%        | 87       | 100%           | 307      |

The occupational categories used here were taken from the Dictionary of Occupational Titles.

The occupation of the father is unknown for almost 30% of our population. The unknown occupations are probably located in the lower socio-economic categories. (See Section E below for a discussion of the missing data.)

2. Parent membership in the Association for the Help of Retarded Children. Only about forty percent of the families served by the project were members of the sponsoring agency. Most participants were recruited to the program via the local agencies. The data presented in Table 9 below indicate a trend towards greater participation by non-member families during the second year of the program than the first.



Table 9

Percentage of non-members of AHRC whose children are in program:

| 1963-64 |     | 1964-65 |    | Combined Total |     |
|---------|-----|---------|----|----------------|-----|
| %       | N   | %       | N  | %              | N   |
| 57%     | 125 | 66%     | 57 | 59%            | 182 |

#### D. Turnover and Replacement of the Population Served:

During the first year of the program 220 retarded children, adolescents and adults were served. Only 91 members returned for the second year, the drop-out rate from the first to the second year being about 58%. While 129 members left the program after the first year, 87 new members were recruited during the second year; therefore the net loss was 42 participants.

##### 1. Age

The children's and adolescents' groups suffered the highest losses. Two-thirds of each category left after the first year of the program. The adult program, in contrast, lost only a little more than one-third of its participants. Table 10 presents the turnover rate for those who started during 1963-64 according to the age of the participants.

Table 10

Turnover for the program by age:

In program for the first year only

|             | Percentage | Number |
|-------------|------------|--------|
| Children    | 67%        | 67     |
| Adolescents | 67%        | 42     |
| Adults      | 35%        | 20     |

The adult groups had both the smallest losses and the highest rates of replacement. Table 11 presents the mean loss or mean gain for groups in each age category over the first two years.

Table 11

Mean loss or gain for each age category over the first two years of program:

|             | Mean loss or gain | Number of groups |
|-------------|-------------------|------------------|
| Children    | -2                | 14               |
| Adolescents | -2.1              | 9                |
| Adults      | 1.25              | 4                |

## 2. Socio-economic level

High turnover rates appear to be inversely related to the socio-economic level of the community. For example, it was found that in general the higher the socio-economic standing of the community, the lower the rates of turnover among the children's groups. Table 12 presents the relationship between socio-economic condition of the community and the agency's rate of turnover for children's groups. Agencies were ranked according to rate of turnover and then grouped into two groups -- low and high.

Table 12

Turnover ranks for children's groups at 11 agencies by the socio-economic level of the neighborhood:

| Socio-economic level | Turnover rank |      |
|----------------------|---------------|------|
|                      | Low           | High |
| High                 | 4             | 2    |
| Low                  | 1             | 4    |

Agencies that suffered the smallest losses in membership also had the highest gains in recruitment. A cross-tabulation of participating agencies by their places in a ranking of their rates of turnover and recruitment is presented in Table 13. The rate of recruitment is based on the number recruited divided by the number lost by the agency.

Table 13

Cross-tabulation of agencies for association of ranks of turnover rates and recruitment rates:

|               | High recruitment | Low recruitment |
|---------------|------------------|-----------------|
| Low turnover  | 4                | 2               |
| High turnover | 1                | 6               |

The four agencies characterized by low turnover and high recruitment were located in the higher socio-economic areas of the city while three of the six agencies characterized by high turnover and low recruitment were located in the socio-economically less desirable areas of the city.

#### E. The Gaps in the Data:

Our data are incomplete for much of the population because adequate mechanisms for data collection were not adhered to from the start. For example, intelligence test scores were not available for over 40% of our sample, 30% of the fathers' occupations were not known to us, and the educational background of over 20% of the population was missing. In one-fourth of the cases, both information on intelligence test scores and on fathers' occupation were absent. Attempts were made to recover the lost data by contacting local community centers and reinvestigating various clinics, schools and state institutions. Information was located for about fifty additional participants.

To what extent could the frequency of missing data be attributable to the characteristics of different segments of our population?

##### 1. Age of participants

It was reasoned that the younger the retardate, the less likely he would be known to the various retardation clinics, the Bureau of Child Guidance of the Board of Education of New York, etc. This hypothesis is supported by the data in Table 14 which relates the lack of intelligence test scores to the age of the participants. Eight percent more intelligence test scores were available for the adults than for the children or adolescents in the population.

Table 14

Intelligence test scores unavailable by age of participants:

| Age   | 1963-64 |    | 1964-65 |    | Combined Total |    |
|-------|---------|----|---------|----|----------------|----|
|       | %       | N  | %       | N  | %              | N  |
| 7-12  | 43%     | 43 | 51%     | 20 | 46%            | 63 |
| 12-17 | 43%     | 27 | 52%     | 12 | 45%            | 39 |
| 18+   | 32%     | 18 | 48%     | 12 | 37%            | 30 |

##### 2. Socio-economic level of the community

About half of the children's groups were located in low income areas of New York City. It was reasoned that the retarded children served by the program in these areas came from low income families who either did not avail themselves of diagnostic services at retardation clinics or did not take part in the intake process at the main office of the program and omitted important

information when filling out applications because of their unfamiliarity with the forms used. Missing data probably pertained primarily to children from families of low socio-economic status rather than to those from families of high socio-economic status.

Our data did not include such information as family income or father's education. The single most reliable indicator of the family's socio-economic status that we possessed, the father's occupation, was unavailable in 30% of all cases. Therefore we employed the neighborhoods in which the various community centers were located as crude indicators of the socio-economic status of the family, because most of the neighborhoods in which the project was located were both economically and racially homogeneous.

Six of the thirteen agencies were considered to be located in areas of low socio-economic status and seven in areas of higher socio-economic status. The data show that almost twenty percent more intelligence test scores were missing for individuals who attended programs in the low than in the higher socio-economic areas. Table 15 relates missing intelligence test scores to the socio-economic level of the community.

Table 15

For children's groups: missing I.Q. according to the socio-economic level of the area of the city in which the community center is located:

| Socio-economic Status | 1963-64 |    | 1964-65 |    | Combined Total |    |
|-----------------------|---------|----|---------|----|----------------|----|
|                       | %       | N  |         | N  | %              | N  |
| High                  | 35%     | 53 | 41%     | 22 | 37%            | 75 |
| Low                   | 55%     | 38 | 60%     | 16 | 56%            | 54 |

Therefore it seems that socio-economic status is a more powerful determinant of whether knowledge is available about participants than age.

#### E. Conclusions:

Seven conclusions may be drawn about the population served and its relation to the program:

1. Three-quarters of the population received a service unduplicated by other group work and recreation programs for the mentally retarded. Two-thirds of those retarded involved in other part-time group work and recreational programs were adults whose sociability needs often cannot be met outside of programmed activity.



2. Although the program was designed for the mildly and moderately retarded, the moderately and severely retarded were over-represented in our population five and three times above their frequency in the general population of retardates. It appears that formal group work and recreational activities are more meaningful to the moderately and severely retarded and their families. While it is possible for the mildly retarded to engage in some peer relationships with normals, the greater handicap of more severe retardation prevents such friendships. Formal means must be provided to meet their sociability needs. The strain on existing group work and recreation facilities will probably increase in the future, given the trend towards maintaining the moderately retarded in the home rather than placing them in institutions.

3. The adult retarded showed the lowest turnover rates with regard to the program and the highest rates of recruitment. Adult retardates are far more mobile than children. The high losses in lower age groups may have been due to the greater dependence of these participants upon adults. Frequently they were accompanied to and from group sessions, thus inconveniencing parents who perceive the recreation service as being less valuable than a full day program or one designed as being remedial or therapeutic.

In addition, the adult retarded seem to be more highly motivated to attend group work and recreation programs. They engage in extremely limited interaction with normals and may be dependent upon organized activity which brings them into contact with other retarded adults to satisfy sociability needs.

4. Three of every ten retarded adults in the population were not currently employed or involved in some full-time program.

Adult retardates form a frequently forgotten sector of the retarded population. In many cases the training retardates receive in special or regular classes in the school system is completely wasted, not because they cannot be taught various skills, but because there are not enough jobs for them or because training centers, day centers and workshops are not available. After having spent at least ten years in some kind of school setting the retardate often remains idly at home or is placed in a state institution. While it has often been observed by professionals in the field that the abilities of the retarded deteriorate in institutions, this observation is equally true of those retarded who are home but not involved in full-time programs or employment. Arresting and possibly reversing the flow of the retarded to state institutions depend upon the capacity of the community to provide suitable alternatives.

5. Generally the higher the social class of the family, as measured by the economic standing of the area of the city in which the community center is located, the greater the amount of information available about the child. It can only be surmised that some combination of factors related to the articulation between people in low income areas and various social agencies

choke off the adequate collection of information about the child and the transmission of such information to other agencies.

6. The most unstable groups in our population were the children's groups at agencies in low income areas. They had the highest rates of turnover and the poorest recruitment averages. Turnover for normals at agencies in such communities is generally very high. The directors of agencies in low income areas claim that sixty percent turnover is not exceptional at their agencies. Given the social and economic character of these communities these rates are not alarming. What is of concern are the poor rates of replacement or recruitment. Agencies of the community center type serving normals in low income areas are rarely concerned with recruitment: there are always cohorts of children to replace those who drop out of programs. A problem of recruitment arises if retardates are to be served. The disadvantaged may not recognize the differences between the normal and the retarded child or may not value these individual differences enough to seek a special program for retarded children. Thus the retarded often remain "invisible" within the community center program so long as the local agencies remain ignorant of the school records of the children attending their programs. While it is conceivable that many mildly retarded children can benefit from a program for normal youngsters, the more severely retarded derive less benefit from an undifferentiated program since activities would be geared above their level of adaptation. Thus their participation in programs for normals would be highly limited and often damaging to their self-esteem. The extent of interaction with other group members would be limited by their failure in these settings and the quality of this interaction would take the form of subordination with few rewards available to the retarded child other than those given for the performance of derogated roles.

Replacement of drop-outs becomes a major problem for a program of this type unless the generalized agency establishes liaison with the school system. The school system is the most important means of providing channels of communication to the parents about available programs. At one participating agency, located in a low socio-economic community, turnover was very high but cooperation by school personnel helped to make up losses with three times as many new members. This kind of inter-agency cooperation seems to be one way the retarded in families not linked to the major networks of communication about available services can be reached.

7. The program reached many families which were not members of the most important agency serving the retarded in New York City. Significantly, the proportion of non-members increased in size from the first to the second year of operation of the program. Parents who belong to AHRC are generally more knowledgeable than non-members about facilities for their children. Members are also more likely to become known to various agencies serving the retarded than are non-members. The fact that the demonstration project was able to reach a sector of the retarded population that was probably unknown to existing

specialized agencies is a substantiation of the concept of aggressive social work to aid those who do not avail themselves of facilities located outside of their neighborhoods. While serving special segments of the local population, the community center can act as an intermediary link between the potential client and the specialized agency.

## CHAPTER IV

### DESCRIPTION OF THE PROGRAM

#### A. Introduction:

Although the specialized agency was consulted in this area, the development of programs for the mentally retarded was left to the individual agencies.<sup>1</sup> For the most part, the community centers were expected to use standard group work activities in the program.

Each group worker or team of group workers was asked to fill out a weekly group process record which would include listing of the activities in which the group participated.<sup>2</sup> The tables below are based on the activities reported in the weekly group process records. The data do not include the amount of time allocated to each activity and no attempt was made to weigh the results for those activities which took up the entire session as opposed to those activities which involved only part of a session. For example, trips usually account for entire sessions but this was not compensated for in the table.

Activities were combined into general descriptive categories. This accounting scheme was devised only as a means of demonstrating the differences in programming which existed among the three age groupings (8-12, 13-17, 18+) and to examine the consonance between these activities and the aims of the project. While these categories cannot be considered mutually exclusive or exhaustive, each activity was counted only once and each activity was codable within the categories presented.

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1. For a general description of programming in group work with the mentally retarded see Proceedings: Institute for Social Group Work with the Mentally Retarded-program as a tool, Meyer Schrieber, editor, April 6, 1962, The Association for the Help of Retarded Children, New York. This collection of articles by group leaders and program directors of the participating agencies provides a first hand account about how the goals of the project and the individual needs of the mentally retarded being served were related through programming. The contents include (1) descriptions of programming for children, adolescent and adult groups; (2) descriptions of programming for mildly, moderately and severely retarded individuals at all age levels; and (3) programming for the mentally retarded in different settings, such as community centers, day camps and resident camps. In addition, basic differences in programming with social groups of mentally retarded individuals and with social groups composed of normal individuals are discussed. Finally, some comments on integrating the mentally retarded with normal individuals in different group work settings are included.

2. See Appendix for weekly group process record forms and samples of group leaders' reports.



For each category the number of activities mentioned was divided by the number of groups within the age level for which weekly group process records were submitted to the project staff. The tables found below list the mean average number of times an activity was mentioned and the proportion of that average of all means combined for each age category.

Three basic criteria can be used to evaluate the adequacy of the program: (1) the extent to which program content was consistent with the age level of the groups; (2) the extent to which standard group work and recreation programming was translated into programs for the mentally retarded; and (3) the extent to which programs were compatible with the outstanding needs of the retarded as outlined in the proposal for the project and the extent to which alterations in programs over the first two years of the project were in the direction of this goal.

Table 1 presents the combined mean number of activities and percentage of these activities for each age group by the categories devised for the first two years of the project. Table 2 presents the mean number of activities and percentage of these activities for each age group by the categories devised for 1963-1964 and 1964-1965.

Table 1

Programming for the mentally retarded for each age grouping for the first two years of the project (1963-64 and 1964-65) combined:

| Mean number of times an activity was mentioned and percentage of total activities mentioned | Children (13 groups) |             | Adolescents (9 groups) |            | Adults (7 groups) |           |
|---------------------------------------------------------------------------------------------|----------------------|-------------|------------------------|------------|-------------------|-----------|
|                                                                                             | %                    | N           | %                      | N          | %                 | N         |
| Activities outside of agency (trips, hikes, eating out):                                    | 9.0%                 | 9.0         | 3.0%                   | 3.53       | 16.5%             | 15        |
| Unfocused, expressive activities (parties, lounges, refreshments, dancing):                 | 9.0%                 | 10.5        | 25.0%                  | 26.0       | 20.0%             | 15        |
| Task oriented activities (arts and crafts, cooking, games):                                 | 46.0%                | 49          | 32.5%                  | 25         | 16.4%             | 12.8      |
| Strenuous physical activities (basketball, swimming, skating, bowling):                     | 11.2%                | 12.3        | 6.0%                   | 5.1        | 1.9%              | 1.5       |
| Activities concerning group goals and needs (planning, discussion, elections):              | 7.0%                 | 7.5         | 19.0%                  | 12         | 20.7%             | 22.8      |
| Focused expressive activities (music, singing, story telling, puppet shows, movies):        | <u>16.2%</u>         | <u>17.2</u> | <u>7.4%</u>            | <u>3.7</u> | <u>15.3%</u>      | <u>12</u> |
|                                                                                             | 100%                 | 106.3       | 100%                   | 76.93      | 100%              | 78.1      |

Table 2

Programming for the mentally retarded for each age grouping for the years 1963-64 and 1964-65:

| Mean number of times an activity was mentioned and percentage of total activities mentioned | Children                               |                                         | Adolescents                          |                                       | Adults                               |                                       |
|---------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|
|                                                                                             | 1963-64<br>(7 groups)<br>N             | 1964-65<br>(6 groups)<br>N              | 1963-64<br>(3 groups)<br>N           | 1964-65<br>(6 groups)<br>N            | 1963-64<br>(3 groups)<br>N           | 1964-65<br>(4 groups)<br>N            |
| Activities outside of agency (trips, hikes, eating out):                                    | 10.6% 3.5                              | 8.5% 6.3                                | 1.2% .33                             | 4.1% 2                                | 13.0% 7                              | 12.9% 6                               |
| Unfocused expressive activities (parties, lounges, refreshments):                           | 6.0% 2                                 | 11.5% 8.5                               | 34.0% 10.3                           | 22.6% 16.5                            | 19.6% 6                              | 21.6% 10                              |
| Task oriented activities (arts and crafts, cooking, games):                                 | 45.7% 15                               | 46.3% 34                                | 37.0% 11                             | 29.3% 14                              | 13.1% 4                              | 16.6% 8.8                             |
| Strenuous physical activities (basketball, touch football, swimming, skating, bowling):     | 16.7% 5.5                              | 9.2% 6.7                                | 9.0% 2.6                             | 5.3% 2.5                              | 3.2% 1                               | 1.5% .5                               |
| Activities concerning group goals and needs (planning, discussion, elections):              | 7.9% 2.5                               | 6.7% 5                                  | 12.0% 3                              | 19.0% 9                               | 24.6% 7.5                            | 32.7% 15.3                            |
| Focused expressive activities (music, singing, puppet shows, movies):                       | $\frac{12.1\%}{100\%} \frac{42}{32.8}$ | $\frac{17.8\%}{100\%} \frac{12}{100\%}$ | $\frac{1.2\%}{73.5} \frac{1}{100\%}$ | $\frac{9.7\%}{29.23} \frac{2}{100\%}$ | $\frac{2.7\%}{47.7} \frac{1}{100\%}$ | $\frac{14.7\%}{30.5} \frac{7}{100\%}$ |

#### B. The Recognition of Age Differences:

The data presented in Table 1 show a number of differences with regard to programming for different age levels. For example, task oriented activities were most frequently engaged in by children; unfocused expressive activities were found to be predominantly an adolescent activity; activities concerning group goals and needs were most frequently found among groups of young adults. It can be concluded that age differences were generally respected with regard to programming for the mentally retarded at community centers. Furthermore, greater recognition of these differences appears to be evident during the second year of the program. Both adolescent and adult groups show increases over time in the number of activities mentioned concerning group goals and needs. Table 2 shows a shift from 12% to 19% for the adolescent groups in this category and a shift from 24.6% to 32.7% among the adults.

#### C. The Translation of Standard Group Work Programs into Programs for Retardates:

The data presented in Table 1 show that programs for the mentally retarded at community centers bear close resemblance to group work and recreation programs for normal individuals of similar age categories. With one exception, strenuous physical activity seems to have been curtailed. Adolescent and young adult groups tended to underuse gym facilities at the various agencies. Several explanations for this finding may be suggested.

Many mentally retarded individuals have additional physical handicaps (e.g., orthopedic, cardiac, poor vision, etc.) which would limit their abilities in performing in sports. In recognition of these disabilities, group workers may have been unwilling to schedule these activities. The mentally retarded themselves may have avoided strenuous sports through their own awareness of lack of skill in these areas. The use of the gym at community centers may also have been avoided by group workers because of potential contact with other groups. In most community centers, the gym is used simultaneously by several groups in the same age range. Group workers may have feared the possibility of unpleasant incidents between normals and the retarded. In fact, one such incident was reported between some mentally retarded young adults who attempted to use the gym at one agency while other groups were there.

#### D. Programming and the Aims of the Project:

One of the major reasons for placement of the mentally retarded in state training schools is the strain they create in the family because of their constant dependency upon others for assistance in the daily tasks of living.<sup>3</sup> One of the specific aims of the project was to increase the ability of the mentally retarded to care for themselves. It was hypothesized that community facilities could be utilized to help them increase

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3. Gerhart Saenger, Factors Influencing the Institutionalization of Mentally Retarded Individuals in New York City. (New York State: Albany, 1960) p.53.



self-care skills. Peer groups would serve as mechanisms to teach the retarded to make better use of the community and to establish interdependence with others who face similar problems. The peer group was to be employed to alleviate some of the strain on the family and as an alternative source of rewards to facilitate changing the behavior of the mentally retarded in directions commensurate with their chronological ages.

The groups engaged in a number of activities which were conducive to the development of self-care skills. One of the outstanding features of the program was the considerable number of trips taken by the groups. Cooking was a frequent activity. Adult groups often went to restaurants where individuals were given an opportunity to develop basic adaptive skills such as selecting items from a menu, communicating their choice to the waiters, and making sure they could afford the items they selected. At the same time the participants were given an opportunity to become adept at eating in public without the presence of their parents; a necessary step towards the promotion of self-care.

It is interesting to note the high frequency of activities concerned with group goals and needs engaged in by the adult groups. A major problem faced by many retardates is the strong dependency of the retarded person upon others over and above his "true" incapacity. This social handicap, often the product of a lifetime of conditioning in the family and the school system, cannot be eliminated entirely. Programs such as ours are important because they provide situations where the retarded are given a chance to play roles of responsibility, make decisions and delegate responsibility to others.

#### E. Alterations of the Program from the First to the Second Years:

An overall change may be noted with regard to the average number of activities mentioned in the group process records for all age groups from the first to the second year. Increases in the total activities reported are substantial throughout the project. Two explanations may be offered: The group workers may have become more meticulous in their reporting of activities, thus including information during the second year which went unrecorded during the first. Another possible explanation is that group workers discovered that the attention span of the mentally retarded was significantly less than that of normal populations with whom they had previously worked, and altered the contents of the program accordingly.

A comparison of the extent of the increases for the different age categories supports this hypothesis. The increases in the number of activities reported is largest for the children's groups where the number of activities reported jumped from 32.8 to 73.5 from the first to the second year. The smallest increase is found in the adult groups, from 30.5 to 47.6; the adolescent groups showed similar although larger increase (from 29.23 to 47.7).

F. Summary:

It can be said that group work with the mentally retarded at community centers does not require major changes in group work practice and can be arranged to meet the needs of the client without involving great efforts on the part of the staff. Group workers were quick to recognize how to gear the program to the needs of the mentally retarded while recognizing differences in age and skill. In addition, group workers were aware of the sensitive areas of articulation with the general program of the agency (e.g., use of gym facilities) and made the necessary accommodations in serving their clients.

## CHAPTER V

### PARTICIPANT RESPONSE

#### A. Introduction:

It was noted in Chapter III that about 50% of participants in the first year of the program withdrew the second year. The data indicated that high rates of withdrawal occurred primarily in low-income areas; some participants from middle-income neighborhoods also left the program. What were the reasons for their withdrawal? Did members withdraw because of factors intrinsic or extrinsic to the program?

We found it desirable to obtain an evaluation by participants in order to answer the above questions. Since parents were able to translate their felt dissatisfactions into action by withdrawing their children from the program, the criteria they used and the intensity of their beliefs about the program could be validated through an examination of their behavior towards it. The following questions were raised:

1. How did parents evaluate the program?
2. What criteria were used to evaluate the program?
3. To what extent were these criteria related to the actual content of the program (e.g., leadership, activities) or to the context in which the program operated (e.g., distance of the community center from the home, time of day when the program was held)?
4. What implications do these results have for the proliferation of this type of program?

No systematic means of determining parental reaction to the program was established at the inception of the project. Late in the third year we developed a thirty-six item interview schedule to assess parental reactions to the program. As the research staff of the project was too small to collect data through interviews, a mailed self-administered questionnaire was used. Questions were generally presented in a fixed alternative answer form. Ample space was set aside for parents to state the reasons for their choices. The schedule included items along the dimensions of program content and the context of the program.

A packet containing the questionnaire and a stamped self-addressed return envelope was mailed to mothers of group members who had participated in the program during the last three years. Of the two hundred eighty-nine schedules mailed, twenty-one were returned by the post office as undeliverable. Only 62 of the 268 questionnaires presumed to have reached the homes of participants in the program were returned. This constitutes a return rate of 23%. The returns came mostly from families whose children had remained in the program: while 58% of the total population

dropped out of the program from the first to the second year, the withdrawal rate of the population which returned the questionnaires was only 38%. Our sample had a bias towards satisfaction with the program.

## B. Results:

### 1. Evaluation of Program Content

- a. Appropriateness of the group for the child's level of development.  
Parents were asked: "do you feel the group in which your child participated was appropriate for his (her) level of development?" Seventy percent of the 56 respondents felt the group was just right or more or less right for their child's level of development. The remaining 30% felt that the group level was either higher or lower than their child's level of development. 14 of the 17 negative responses considered the group to be on a lower level than their child.
- b. Suitability of group activities.  
Seventy percent of the parents felt the activities of the group were very suitable or fairly suitable for their children. Most of the remaining 30% of the 56 parents who answered this question felt that the activities were sometimes suitable and sometimes not. Only 3 mothers said the activities were mostly or totally unsuitable for their children.
- c. Degree of satisfaction with the extent of the child's participation in group activities.  
Seventy percent of the 56 responses to this question indicated that the child was involved in all or many of the group activities. Two-thirds of these 39 positive responses said their children were involved in all of the activities. Thirteen of the remaining 30%, who were defined as expressing negative evaluations, said their children were involved in some of the activities. Only 4 parents said their children were involved in few or no activities.
- d. Satisfaction with the leaders of the groups.  
Almost 90% of 49 respondents said that the leaders knew how to handle retarded children very well or fairly well. Thirty-six of the 44 mothers who positively evaluated the leaders of the groups felt they knew retarded children very well. Within the five negative responses, 2 said the leaders were inconsistent in their handling of retarded children, 2 said the leaders knew little about their charges, and one thought the leaders knew nothing at all.
- e. Criteria for the evaluations.  
Only 38 mothers presented reasons for their choice in determining whether the level of the group was appropriate for their children. The major criteria



they used were: (1) whether or not their children were like the other children in the groups; eighteen mothers used this standard; and (2) whether or not their children "got along well with others in the group"; eleven used this criterion. Mothers rarely based their judgment concerning the extent to which the level of functioning of the group was appropriate for their children on the type of activities in which the group was involved.

The reasons used for evaluating the appropriateness of the activities were most frequently expressed in terms of whether these activities were consonant with the child's interests and skills. Three-fourths of the 37 answers used this criterion. The remaining 10 respondents either expressed the view that their child enjoyed or did not enjoy the activities. The major negative reason offered for their evaluation was that the activities were not varied enough. Over half of the negative reasons were in this category.

The most frequent standard used to evaluate the group leaders was their inability to relate to the child in a permissive and patient manner. More than two-thirds of the 34 reasons offered for their evaluation of the leaders were located in this category. The remaining 12 reasons were categorized either by the extent to which the leaders improved or developed the skills of the retarded children through creating activities, or the extent to which the child was happy with the leader. Eight respondents were concerned with the development of instrumental skills and four were concerned with the child's contentment with the leader.

## 2. The Child's Response to the Program

We felt that allowing the parent to determine the child's opinion of the program would have little validity since many of the children had limited verbal abilities. The social gesture or cue was assumed to be a more valid indicator of the child's response to the program than the parent's subjectively arrived at assessment.

Several questions were asked about the way in which the child responded to the program: (a) did the child talk about the program at home? (b) did the child show or tell the mother that he wanted to go to the program? (c) did the child make any friends through the program? (d) did the mother notice any change in the child's overall behavior? It was reasoned that these four questions would provide behavioral indicators for assessing the extent to which the child responded favorably to the program and whether the program had any objectively indicated carry-over for the child.

Fifty-four mothers reported that their children talked about the program at home. Fifty-five of 57 respondents said that their children expressed a desire to attend the program. Most mothers used the child's anticipation of the group meeting as the cue that he wanted to attend. For example, the

children might remind the mother verbally of the forthcoming meeting or he might get ready to leave early on that day. Another indication of interest in the program was located in the child's recollection of different aspects of the meeting, either by demonstrating activities performed or by talking about the group. Anticipation of the meetings was mentioned by the respondents almost twice as frequently as recollection of the aspects of the group.

Only 17 children had made friends through the program with whom they spent time outside the meetings. Thirty-six mothers or 66% said their children had not made any friends.

Several questions were asked about whether the mother noticed any changes in the child's behavior in other areas of life since starting the program. These areas were the home, school, adult program or employment. Most of the changes claimed by the mothers were positive such as getting along better with siblings or being able to find things to interest the child at home. It is problematic whether these changes are actual and are the result of being in the program. The only generalization that can be made is that mothers claim positive results through the program and that most of these changes are in the area of home life. Tables 1 and 2 present the array of changes mentioned and the frequency of response.

Table 1

Changes noticed by mother in family or home life:

|                                                             | <u>Number of Times Mentioned</u> |
|-------------------------------------------------------------|----------------------------------|
| My retarded child gets along better with my other children  | 16                               |
| I am able to find things that interest him at home          | 13                               |
| He is less of a discipline or control problem at home       | 10                               |
| He (she) gets along better with my husband                  | 5                                |
| He (she) is less restless at home                           | 14                               |
| My retarded child gets along worse with my other children   | 2                                |
| I find it harder to interest him in things at home          | 1                                |
| He is more of a discipline and control problem at home      | 5                                |
| He gets along much worse with my husband                    | 1                                |
| He (she) is much more restless at home than before          | 2                                |
| He (she) always wants to go out with friends or see friends | 11                               |
| No changes                                                  | 12                               |

(Based on 55 Respondents)

Table 2

Changes notices by mother in school, adult program or job performance:

|                                                         | <u>Number of Times Mentioned</u> |
|---------------------------------------------------------|----------------------------------|
| My retarded child gets along better                     | 23                               |
| My retarded child gets along worse                      | 0                                |
| My retarded child is (learning more, doing better work) | 11                               |
| My retarded child is (learning less, doing poorer work) | 3                                |
| No changes                                              | 17                               |

(Based on 52 Respondents)

### 3. Evaluation of the Context of the Program

a. The time and day when the group meets

Eighty percent of 54 respondents felt that the time and day when the group met was either very convenient, convenient or no more or less convenient than any other times or days. Only three of the 12 negative respondents felt the program time and day was very inconvenient.

b. The length of the program

The respondents felt almost unanimously that the meetings were of suitable length for their children. Forty-seven of 49 respondents said this about the program: One person said the meeting was too short and one said the meeting was too long. Fifteen of the twenty-one reasons offered to support the evaluation were expressed in terms of the child's present capability rather than in terms of the achievement of the child during the group meetings.

c. The location of the agency

The major source of complaint about the project was the location of the agencies. Thirty-eight percent of the 56 mothers who answered this question felt that the agency in which the group met was either too far away to get to or far enough away to make the trip troublesome. The remaining sixty-two percent felt the agency was perfectly located for their needs or at a reasonable distance from their homes.

The location of the agency may be a significant factor in determining parental response to the program. Many families lived considerable distances from the centers. Twenty of 46 families lived at least two miles from the agency in which the groups met. The programs were only two hours in length and many families attending had to travel in excess of that period of time. Twenty-one of 56 mothers said it took them from thirty minutes to one hour and thirty minutes to reach the agency.

Responses to the question of how the program affected the mothers' daily schedules also indicated the complaint of inconvenience. While most respondents indicated that the program either did nothing to the mothers' schedules or allowed them to devote time to other activities, the single most frequent response was that the program tied the mothers down because they had to deliver, wait for, and pick up the child after the meeting. Table 3 below describes the effect the program had on the schedules of the mothers.



Table 3

The effect of the program on the mothers' schedules:

|                                                                                                            | <u>Number of Respondents</u> |
|------------------------------------------------------------------------------------------------------------|------------------------------|
| My time is generally free when he (she) is in the program                                                  | 12                           |
| I am able to devote more time to my other children                                                         | 7                            |
| I am able to devote more time to household chores                                                          | 4                            |
| I am able to find out from other parents about programs<br>for my retarded child when he is in the program | 2                            |
| The program does nothing to my schedule                                                                    | 15                           |
| The program ties me down because I have to deliver,<br>wait for, and pick up my child                      | <u>17</u>                    |
|                                                                                                            | 57                           |

The most frequently mentioned reasons for withdrawing the child from the program were: (a) that the child did not travel by himself and the mother had to take him back and forth to the program or (b) the program was too far away. One half of all respondents cited these two categories as reasons determining withdrawal of their children from the project. Table 4 below presents the reasons mothers offered for withdrawing their children from the program according to program content or the convenience of the mother.

Table 4

Reasons for withdrawal by type of reason:

| <u>Program Content</u>                                                        | <u>Number of Responses</u> |
|-------------------------------------------------------------------------------|----------------------------|
| Does not get along with other children in the group                           | 1                          |
| The child does not like the leaders of the group                              | 2                          |
| The program is of no help to my child                                         | 1                          |
| The child does not participate in the activities                              | 2                          |
| The child is mistreated by the other children                                 | 2                          |
| The leaders are not experienced in working with the retarded                  | 2                          |
| The group is on too high a level for my child                                 | <u>1</u>                   |
|                                                                               | 11                         |
| <u>Program Convenience for the Mother</u>                                     |                            |
| The child does not travel alone and the mother has to take him back and forth | 4                          |
| The program is too far away                                                   | <u>7</u>                   |
|                                                                               | 11                         |
| Membership is too expensive                                                   | 3                          |
| Uncodable                                                                     | 4                          |

Did the mothers withdraw their children from the program because of the reasons they stated? To what extent were the reasons of convenience related to the actual transportation situation for the parents?

Three indicators are available to measure the extent of convenience for the parents: (1) the distance the family has to travel from the home to the agency; (2) the length of time it takes the child to travel to the center; and (3) whether the parent has to take the child. It is possible that information about these matters could be falsified by the mother to present a consistent picture to the researcher. While such a possibility exists, we assume that such dissimulation is unlikely. Questions concerning travel arrangements were placed in front of the question about reasons for withdrawal of the child from the program within the text of the questionnaire.

It is assumed that respondents answered the questions in order of appearance. In support of this assumption it was found that most respondents filled out their answers in ink. No changes of the earlier information were noted by the researcher. Unless respondents read through the entire schedule of questions before answering and foresaw possible inconsistencies in their responses, the earlier answers appear to be honest estimations.

The data presented below in Tables 5, 6 and 7 support the assertion that parents who claimed that the center was inconveniently located for them and consequently withdrew their children from the program, were actually located further away from the program than those who did not mention convenience as one of their reasons for withdrawing their children. By whatever indicator used, convenience appears to be a major factor in the withdrawal of children from the group work program for the mentally retarded in community centers.

Table 5

Reasons offered for withdrawal by distance from the center:

|                               | <u>Inconvenience</u> | <u>Reason Other Than Inconvenience</u> |
|-------------------------------|----------------------|----------------------------------------|
| Lives more than one mile away | 7                    | 1                                      |
| Lives less than one mile away | 2                    | 3                                      |

Table 6

Reasons offered for withdrawal by time it takes to get to center:

|                                                 | <u>Inconvenience</u> | <u>Reason Other Than Inconvenience</u> |
|-------------------------------------------------|----------------------|----------------------------------------|
| Takes 30 minutes or more to get to center       | 5                    | 2                                      |
| Takes less than 30 minutes to get to the center | 4                    | 3                                      |

Table 7

Reasons offered for withdrawal by whether mother or father has to take child to the center:

|                                         | <u>Inconvenience</u> | <u>Reason Other Than Inconvenience</u> |
|-----------------------------------------|----------------------|----------------------------------------|
| Mother or father must take the child    | 6                    | 1                                      |
| Mother or father did not take the child | 3                    | 4                                      |

#### C. Conclusions:

Two major conclusions may be drawn from this discussion of participant response to the program.

1. Factors of convenience are important to consider in the establishment of programs for the mentally retarded located in their own communities. It was shown that the greatest source of parental dissatisfaction with the program had to do with matters of convenience. In half the cases where parents withdrew their children from the program, convenience was offered as the reason for withdrawal. It was also shown that these reasons had an objective basis: people who said they withdrew their children because of the difficulty in traveling to the community center did live further from the center than those who said they withdrew their children for other reasons.

These findings are of central importance for the case that such programs should be found in every community center. The need for the proliferation of this type of program is supported by the parents' expressions of satisfaction with the content of the program and their expressions of dissatisfaction with the troubles they have in getting their children to the center and back to their home.

2. The needs of the retarded for structured group activities provide a rationale for the continuation of programs of this kind. It was shown that less than one-third of the participating members established friendships with others in the program which carried over outside of the meetings. This finding points to the great need of the mentally retarded for formal programs in the area of recreation. It is evident that as the mentally retarded become older they become increasingly more isolated from peer relationships with normal individuals of the same age. Their social isolation is increased by the age-graded pattern of recreation in the United States and the separation of recreational activities from the home.



It should be noted that the lack of carry-over of the program through the establishment of friendships may be due to the geographical dispersement of most of the participants. If they have to travel great distances to the center, then it may be assumed that they also are likely to be scattered throughout the various boroughs of New York. This situation might be greatly improved if the number of groups serving the mentally retarded in New York's community centers were greatly increased.

## CHAPTER VI

### INNOVATING PROGRAMS AT THE LOCAL COMMUNITY CENTER

#### A Introduction:

Recently there have been significant changes in the character of services community centers offer clients. Services have been extended to previously unserved sectors of the local population. Golden Age groups and community action have altered the image of the community center from a place where teenagers engage in athletics and hold dances to an organization at which a heterogeneous clientele engages in a wide range of activities. The programs offered at these local agencies reflect the community's acceptance of the field of social work as an important institution.

While service to all ages has become the general pattern at the local agency, little has been done for "special" segments of the local population. Community centers are constantly bombarded by requests from specialized agencies desiring access to facilities and staff to provide recreation and other activities for their members.

One Director said:

I've gotten all kinds of requests from specialized agencies. For example, Cerebral Palsy, Planned Parenthood, etc. There is a growing consciousness to get kids with specialized problems into local agencies. It is hard for the local agency to know which request is the most legitimate.

Favorable participant response to our demonstration project indicates that there is a need and desire for recreational programs for the retarded on a local level and that these programs can be successfully run at community centers using basic group work skills. One of the aims of the project staff was to explore ways to facilitate agency acceptance and continued support of programs for retarded persons at local agencies. The community center was examined in two ways:

1. The internal social structure of the agency:  
The attitudes of and relationships between executive directors, members of Boards of Directors and members of professional staffs.
2. The agency as part of the social structure of the community:  
The relationship of the agency to the community, to other cooperating agencies and the external affiliations of the agency.

In order to obtain this information, the executive directors of all thirteen participating agencies were interviewed. They were asked twenty-seven open-ended questions designed to elicit general professional orientations towards handicapped

individuals as well as specific attitudes towards the retarded and the demonstration project. Included were items about the reactions of other clients being served at the agency to the presence of retardates. The attitudes of the members of the Board of Directors, the staff and other participants at the agency were ascertained. They were also asked to provide general information about the community.

Executive directors were selected as major informants because of their strategic positions within the community centers. They have extensive and durable relationships with members of the Boards of Directors, the professional staffs of the agencies and outside individuals who are in contact with the community center (e.g., local elites, directors of various associations of community centers, etc.) These people were assumed to be the key decision-makers regarding acceptance of the program at the local center. Thus in addition to providing information about themselves, the executive directors were informants about their roles as partners in the social systems of which they were members.<sup>1</sup> Their credibility was checked against the experience of the project director at AHRC and the caseworker assigned to the project, both of whom made frequent visits to the various program sites.

What induces an executive director to permit the establishment of a program for a special group on a temporary basis? Under what conditions does an experimental program grow into a permanent service sponsored by the local agency? How can these conditions be cultivated and such programs increased? This specific problem posed by our study is related to the concept of how planned social change occurs.

#### B. Concepts of Planned Social Change - Innovation and Institutionalization:

There are two aspects to change. One is the inception of qualitatively new behavior expressed by the term "innovation," the other is the acceptance of this behavior into regular practice and the quantitative distribution of the new behavior, expressed by the term "institutionalization."<sup>\*</sup> The initial establishment of the group work and recreation program for the retarded by an agency not devoted to the retarded, such as the local community center, is an innovation in group work theory and practice, while the permanent continuation of the program by the center and the diffusion of such permanent programs to other agencies would indicate that such practices had become an institutionalized form of group work. These quantitative

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1. This format was derived from Howard Becker and Blanche Geer, "Problems of Inference and Proof in Participant Observation," The American Sociological Review, Volume 9 (1958), p.655.

\* The term "institutionalization" does not refer here to the placement of mentally retarded individuals in state institutions. It is used here in the traditional sociological sense.

changes might in turn set the necessary conditions for generating further qualitative changes. For example, a professional association of group workers who specialize in dealing with the retarded might evolve to meet the expanded needs created by the establishment of programs for the retarded.

Societies have differing propensities for innovation. Accumulated beliefs and social experience will influence the course of new developments at any given time.<sup>2</sup> It was possible for the directors of the community centers in our project to react positively to the suggestion that they extend their services to the retarded segment of the local community because they already accepted certain attitudes about the retarded and about their own responsibilities to the community. They believed that the care of the retarded is the responsibility of society as well as the family. They believed that professionals could be motivated to provide the proposed service. These beliefs are not held exclusively by professionals in the field of social work but are diffused among a large portion of our society. To some extent, this view was legitimated by the government. Certainly, through his message to the First Session of the 89th Congress of the United States, the late President John Kennedy did much to establish the idea that retardation is a shared problem requiring collective action:<sup>3</sup>

The American people acting through their government where necessary, have an obligation to prevent mental retardation whenever possible, and to ameliorate it when it is present.

Innovations are more likely to occur in societies where change is anticipated and defined as natural and beneficial than in societies where change is considered to be undesirable. Regardless of the degree of the proposed innovation, upper limits to the scope of change are always envisaged at its inception and often these limits function as impediments to the desired planned change.<sup>4</sup> In the experience of the recreation program, for example, it was found that petitioning community centers to make recreation services available to retardates as well as normals was considered a legitimate request, but that asking the centers to provide bus service for retarded individuals as a necessary part of such a program was not received as a legitimate request.

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2. H.G. Barnett, Innovation: The Basis of Cultural Change (New York: McGraw-Hill, 1953) p.40.

3. Message from the President of the United States relative to Mental Illness and Mental Retardation, delivered February 5, 1963, House of Representatives Document No. 58, Washington, D. C.

4. Op. cit., Barnett, p.57.



The aims of the demonstration project were twofold. The basic program was innovational: "...to establish group work, recreation and leisure time programs in group service agencies in New York City for retarded children, adolescents and adults who are currently not considered eligible or feasible for membership in such programs."<sup>5</sup> In addition to this general goal, the sponsors of the program specifically enumerated the expectations they had for the cooperating agencies, the first being the institutionalization of the program at group work service agencies: "continuation of services independently after three years of participation in the demonstration program by assumption of sponsorship and financing of services."<sup>6</sup> (italics added)

### C. The Conditions Under Which Innovations Occur at the Local Agency:

#### 1. The Project Director

The project director was well equipped to present the new ideas to participating agencies and generate acceptance of the project. He received his training and experience in group work and had directed a large group work and recreation program for the mentally retarded in New York City so he was familiar with group workers' attitudes to the problem. He also had considerable professional and informal contacts in the field of group work: ten of the thirteen executive directors whose agencies were involved in the demonstration project had had previous contact with the project director on a professional basis. These factors, and the sponsorship of the project by a specialized agency with a respected name in the area of social welfare, facilitated the introduction of innovational behavior into the community centers.

#### 2. The Executive Director of the Community Center

The executive director of the community center was considered to be the key person involved in gaining acceptance of the program. There was little resistance to the potential innovation from others at the agency once the executive director was convinced of the value of the project. What factors contributed to acceptance? The following questions may be raised: (a) what inducements do agency directors perceive as important in evaluating a potential innovation?; (b) what kinds of rewards do they seek from special programs?; (c) where do they turn for advice in consideration of a special program?; (d) to what extent is their orientation to retarded groups at the agency part of a general orientation to the handicapped?; (e) to what extent is this general orientation a result of professional training?; (f) to what extent is this general orientation a result of previous experience with handicapped individuals?

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5. Meyer Schreiber, "Community Recreation Resources for the Mentally Retarded", mimeographed by AHRC, p.7.

6. Ibid., p. 11.

a. Initial responses to the innovation

The initial responses of the executive directors of the participating agencies to the idea of establishing recreation groups for retardates were favorable. There were no negative reactions to the program and only two ambivalent responses. As mentioned earlier, agencies were chosen for participation in the demonstration project where chances for success seemed high. Those considered for various reasons to be "bad risks" for the success of the project were eliminated from consideration and agencies whose executive directors seemed negative to the idea were abandoned almost immediately.

b. Sources of advice

The executive directors named other community centers and the specialized agency as the two major sources of advice concerning specialized programs. Community centers were mentioned one-third of the time and the specialized agencies a little less than one-third of the time. Some agencies were considered to be pace-setters in the field of group work and recreation and their acceptance of the program is of great importance in convincing others to participate.<sup>7</sup>

Advice is solicited through the informal channels of communication existing between agencies. One respondent described such a mechanism for obtaining advice from other agency directors:

The Association of Y's has an administrative staff that meets on a regular basis. This is a place to discuss projects informally. Sometimes I will bring up subjects for discussion at the administrative staff meetings.

The clearly defined appropriateness of such a site for the discussion of problems enables the seeking of advice without embarrassment.

c. Inducements and rewards

When asked the reasons for committing the agency to the program, directors most frequently mentioned "the extension of new services". This answer was given almost two-thirds of the time.

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7. The problem of how an agency or a director becomes an "influential" is an interesting one. One of the agencies in our population was mentioned more frequently than others as a source of advice. It is an old established agency which has serviced handicapped groups in various capacities since 1941. To what extent this agency is a general "influential" or a segmented "influential" cannot be answered at this time.

Table 1

"What considerations led you to committing your agency to the program?"

| <u>Considerations</u> | <u># of Times Mentioned</u> |
|-----------------------|-----------------------------|
| 1. Financial          | 2                           |
| 2. Training for staff | 2                           |
| 3. Research           | 3                           |
| 4. New service        | 11                          |

(Respondents = 12)

Comparable responses were received when they were asked what attracted them to the program.

Table 2

| <u>Attractiveness</u> | <u># of Times Mentioned</u> |
|-----------------------|-----------------------------|
| 1. Financial          | 2                           |
| 2. New service        | 7                           |
| 3. Research           | 4                           |
| 4. Training           | 2                           |
| 5. Consultation       | 2                           |

(Respondents = 12)

While executive directors did not seem to consider the provision of funds to be a major attraction of the program, assured financial support may be an important consideration in influencing other relevant people at the local agency (i.e., the Board of Directors) to initiate the program since no initial budgetary considerations need to be made. This kind of financial arrangement can be valuable since it allows the local agency to accept a program "on approval" and permits the program itself, in action, to do the ultimate convincing of all relevant people.

- d. The general orientations of the executive directors towards services for other handicapped individuals

It appears that the orientation discussed above may be part of a general orientation towards service for the handicapped. When asked whether they felt that other handicapped individuals might be served by existing local agencies, eleven executive directors responded with approval. One director did not know whether this was possible. When asked specifically to name other handicapped segments of the population whom they might serve, two were mentioned more than half the time: the orthopedically handicapped and the emotionally disturbed.

Table 3

Handicapped individuals who could be served by community centers:

|                               | <u># of Times Mentioned</u> |
|-------------------------------|-----------------------------|
| 1. Orthopedically handicapped | 8                           |
| 2. Emotionally disturbed      | 5                           |
| 3. Deaf                       | 3                           |
| 4. Cerebral Palsy             | 3                           |
| 5. Blind                      | 2                           |
| 6. Diabetic                   | 1                           |
| 7. Muscular Dystrophy         | 1                           |

(Respondents = 12)

- e. Professional training and experience with the handicapped

Professional training probably promotes attitudes conducive to supporting the extension of services to the handicapped. The executive directors of the agencies participating in the recreation project had considerable professional training. Twelve of thirteen hold Master's degrees, nine of which are in social work.

It is also likely that previous experience with handicapped individuals would produce a greater acceptance of these people in a group work setting. Cole and Podell, in their survey of executive directors at New York Community Centers assert that "prior professional experience was an important factor" in deciding whether handicapped youngsters would be allowed to use local agencies:



Of the directors with prior professional experience with handicapped children, 83% had such children presently participating in their programs as against only 28% of the directors without experience.<sup>8</sup>

75% of our population had had either direct or indirect professional experience with the handicapped. It is not clear whether a high degree of professional training and prior experience with the handicapped are independent variables. Professional training may predispose executive directors to initiate programs with the handicapped. Both factors may be involved in the acceptance of retardates at local agencies.

3. The Board of Directors of the Community Center

Once the executive director has accepted the value of the innovational program, he must convince other influential people at the local agency of its importance. Resistance to such innovation may arise from various sources. The Board of Directors, the staff and members active in existing programs may have varying degrees of receptivity to the new idea. From the executive director's point of view, acceptance by the members of the Board is most significant.

a. The orientations of the Board members

The Boards of Directors at the participating agencies reacted favorably to the proposed program. In only two cases were their attitudes perceived by the executive directors as being negative. It should be reiterated that agencies were selected for participation with an awareness of their probable cooperation in the program.

The Boards of Directors held two orientations, each of which facilitated acceptance of the program. One may be characterized as "experimental:"

The Board of Trustees has always been interested in experimenting. It has been a tradition with us. When I mentioned the subject, even though facilities were inadequate, they went along wholeheartedly.

The other orientation can be characterized as a "service" orientation:

They wanted to know...is there a need for such a project? There was no wild enthusiasm on the part of the Board. They raised the question - what is our obligation?

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8. Cole and Podell, "Group Programs for Handicapped Children", Social Work, January, 1961, p.98.

Different approaches would be effective in convincing Boards of Directors with differing orientations. For the "experimental" board, the stress might be the contribution the program makes to the acquisition of knowledge or the fact that this is the first project of its kind in the city. The "service-oriented" board demands greater emphasis on facts highlighting the lack of facilities for a segment of the population that is in great need of attention. Unfortunately, our data do not present us with an opportunity to investigate the "fit" between orientation and strategy of persuasion used at participating agencies.

b. Types of resistance to innovation

The data do not permit the construction of categories for the negative orientations of the Boards of Directors. The two negative responses to the program cannot be considered to be illustrative of any general orientation since their bases appear to be situational. In one case an influential member of the Board of Directors felt that a recreation program for retardates would be disruptive to the community center. Although the executive director was in favor of the program, he chose to defer its inception for a year to avoid conflict within the agency and possible resignation of the dissenting member of the Board.

In the second case, the agency was new and the Board raised a series of questions concerning the ability of the agency to handle a special program. The laymen on the Board were concerned about three things: (1) was the staff skilled enough to handle such a program?; (2) would their regular membership be upset by the program and withdraw?; (3) where would they get the money to finance the program after the grant ended? These problems were ironed out within the agency and the program started according to schedule.

The objections cited above are frequently raised by Boards of Directors. Their questions are usually directed towards possible impairment of the effective operation of the agency. They are warnings to the professional rather than major reservations. Table 4 presents a list of the kinds of objections raised to this program by members of the Board of Directors.

Table 4

Reasons given for warning or unfavorable attitudes towards the program by members of the Boards of Directors:

|                                                                   | <u># of Times Mentioned</u> |
|-------------------------------------------------------------------|-----------------------------|
| 1. Overload of the program                                        | 4                           |
| 2. Danger of losing community center image                        | 2                           |
| 3. Disturbance of agency operations                               | 3                           |
| 4. Difficulty of financing program after termination of the grant | 3                           |

(Respondents = 12)

c. Techniques used to overcome resistance from members of the Boards of Directors

A member of the Board (usually the program committee chairman) made the initial presentation of the project at most agencies. This seems to be a general practice in the field. The major technique used to overcome resistance from Board members is what social workers refer to as "interpretation," which was defined as follows by two of the respondents:

I explain what the project is. I tell them what its goals are. What value it is to the community. How it fits into our own objectives.

Well, interpretation is clarification. This means we have to answer such questions as: 'what kinds of retardates will we be working with? what degree of retardation? what would we do?' The Board is made up of many professionals who care about these questions.

Interpretation was handled either by the executive director of the agency or by the project director representing AHRC. When asked what convinced the Board of Directors to accept the program, four respondents mentioned the presentation and interpretation by the AHRC representative and two mentioned their own efforts. No further interpretive activities were cited. At the relatively new community center where the initial response of the Board was perceived by the executive director as negative, the respondent stressed the important part played by the AHRC representative in the development of a service orientation:

In the ensuing discussion they developed a service orientation. This happened through a number of committee meetings. They read the literature that AHRC provided. The Board of Directors had a number of meetings with the project director. He also met with the Chairman of the Board and myself. Also the chairman of the day camp committee was involved.

At first they were very resistant. We had opened a new building recently. They felt the staff was taking on too much of a burden. What convinced them was the project director.

#### 4. The Staffs of Community Centers

When asked to describe the initial reaction of the staff to the idea of serving retardates, eleven executive directors said staff attitudes were favorable; one respondent claimed that the staff was neutral to the idea. No negative responses were perceived.

The reactions fell into two categories. Often the staff felt this kind of program was challenging to their professional skills:

They felt they were doing real social work.  
The program pointed to someone needing help.  
There was great enthusiasm on the part of the staff. (Italics my own).

At some agencies, staff acceptance was perceived by the respondents as less enthusiastic although favorable:

They were interested. They thought it was good experience for them. There was general acceptance of the program among the entire staff. Maybe there should have been more questioning.

Some explanation of this high degree of acceptance on the part of the staffs is possible. An evident factor is the high professional standards found at participating agencies - one of the criteria for their selection in the first place. Working with retardates might be considered a challenge by the professional group worker in comparison to conventional assignments with normal clients.

Finally the fact that two-thirds of the staffs of the participating agencies had had prior experience with some handicapped individuals on the professional



level can be considered an important source of staff acceptance.

Despite the acceptance by the staff as perceived by the executive directors, a certain degree of initial apprehension was indirectly indicated by the respondents. Six directors claimed that once the program was in progress staff anxieties decreased. It is not clear to what extent this anxiety was the result of anticipation of working with the mentally retarded in particular or from starting any new program.

#### D. Conclusions:

Certain predisposing attitudes held by the executive directors of community centers facilitated the initiation of group work services to the mentally retarded at these agencies. These favorable attitudes appear to be a product of professional training and prior experience with the handicapped in some professional capacity. These attitudes may be part of some general orientation to serving the handicapped within the community center. The initial request to establish such services appears to have increased legitimation when presented by a fellow professional from the field of group work.

The Boards of Directors that approved the innovation also possessed favorable attitudes to the program at its inception. They were characterized as "experimental" or "service" oriented. The considerable financial assistance offered to agencies participating in the program dispelled some of the expected doubts about the costs of the program during the first three years of the commitment.

The staffs of the local agencies demonstrated considerable support for the program. Some of this approval may be attributable to the large number of graduate students of social work who led the groups of mentally retarded individuals at the community centers. Some initial anxiety was located, but it was not clear whether this was due to the fact that a new program was being initiated or because of anticipation of working with a retarded population.

## CHAPTER VII

### THE INSTITUTIONALIZATION OF NEW PROGRAMS AT THE LOCAL COMMUNITY CENTER

#### A. Introduction:

The innovation of recreational facilities for the retarded at community centers required the presence of certain favorable attitudes towards this kind of service on the parts of the executive directors, the members of the Boards of Directors and the staffs of the participating agencies. To what extent is successful institutionalization of the program possible at the agencies participating in the demonstration project? To what extent do the socio-economic characteristics of the agencies and the communities they serve hinder or facilitate the establishment of the program on an ongoing basis under the agency's own auspices?

#### B. Conditions under which Institutionalization Occurs:

##### 1. The Community Center

##### a. The Executive Director's evaluation of the program

After the program had been in action, all of the respondents reacted favorably to the idea of serving the retarded locally. Ten agreed that local agencies should take on greater responsibility for service to retardates; one director excluded the severely retarded. Three directors would not agree if extension of services meant weakening the overall program of the agency and two agreed under the proviso that special funds be made available for the program.

Although the local agencies would no longer be sponsored by AHRC when the grant terminated, the respondents did not expect the community centers to assume all services to the retarded upon conclusion of the demonstration project. The functions listed in Table 5 are indicative of the elaborate relationship which they claim should exist between the specialized agency and the community center.

Table 5

Executive Directors' views of the proper role of the specialized agency:

| <u>Functions of specialized agency</u> | <u># of Times Mentioned</u> |
|----------------------------------------|-----------------------------|
| 1. Staff trainings                     | 6                           |
| 2. Research                            | 6                           |
| 3. Diagnostic services                 | 3                           |
| 4. Referrals to local agency           | 4                           |
| 5. Financing of program                | 4                           |
| 6. Public education                    | 5                           |

(Respondents = 12)

The results demonstrate expectations of continuing dependence of the community center on the specialized agency with regard to this kind of program. For example, one-third of the directors listed financing of the program as a major function of the specialized agency. This expectation was expressed in spite of the fact that the proposal for the project stipulated that the local agency would assume direction and financial responsibility for the program after three years. The question of finances is discussed in section 2 below.

b. Sources of dissatisfaction and institutionalization

When asked about dissatisfactions with the program, the executive directors indicated several flaws in the administration of the demonstration project. The difficulties that led to mild dissatisfaction involved lack of coordination between the specialized agency and the local agency, including recruitment of clients for the program and inefficiency of AHRC in distributing forms to be used by group workers in keeping records. The former was mentioned five times and the latter twice.

Three directors discussed problems specific to their agencies. In one case, the executive director questioned the appropriateness of the special program at an already overburdened agency located in an ill-prepared community. The difficulty at the second agency concerned their problem in establishing responsibility for bus service for the retardates. The third problem resulted from a divergence in the interpretation of the goals of the project by the executive director of one agency and the project director. This raises the question of relations between cooperating agencies.

c. Relations between cooperating agencies

Participating community centers depend on the cooperation of a number of agencies, including the sponsoring agency, in order to carry out their obligations to the project. To what extent does the lack of coordination between the local agency and other agencies provide a major hinderance to the institutionalization of the program?

There was some vagueness concerning which agency was to be responsible for recruitment of the clients. Agency directors anticipated cooperation from the Board of Education of New York City. In some cases the recruitment problem was worked out through accommodations with representatives of the schools on the local level.

The director of a Community Education Center of the Board of Education expressed dissatisfaction with the lack of travel arrangements for the retarded children at his agency:

The problem...was the responsibility for transportation. No one was willing to take up the commitment. What happens to the kids at five o'clock? You people have to clear up many legal problems. I won't start anything out here at Staten Island until these things are spelled out.

A problem of this kind alerts the director of an agency to some of the "hidden" costs of a special program. Permanent responsibility for the program may not be assumed by the community center where unanticipated difficulties arise during the demonstration period.

A major hinderance to the institutionalization of the program at one community center was the divergence in social work philosophy between the agency director and the project director. Disagreement centered on the employment of categories of retardation. The project staff used the terms mildly and moderately retarded to describe the population to be served at this agency. Although the terminology was an attempt to break away from the intelligence test categories of "educable" and "trainable", in order to take into account other dimensions of adaptive behavior such as sociability skills, the executive director perceived these categories as based only on I.Q. scores:

Two groups were to be formed on the basis of the categories of mildly and moderately retarded. This nomenclature was not good for basing the working out of grouping on. Certain kids have sociability skills that are unrelated to I.Q. scores. Some of the kids have additional problems like an overlay of emotional disturbance.



The project staff considered the establishment of groups of retarded children and adults at community centers based on the above-mentioned categories as the major goal of the demonstration program, particularly during the first year of operation. The ancillary goal of the project was to test the feasibility of integrating selected retardates into groups of normal individuals who are chronologically younger than the retardates. The executive director, however, gave equal weight to both aspects of the program. He said:

The second part of the project was the integration of the kids into the normal functional settings. We made attempts to take the kids into the other parts of the program. For example, our craft groups and our lounge program. The sense of what we got from AHRC was that they were less interested in following this particular line of moving these kids outside the category than in providing direct service to the category.

The project staff was critical of his practices because his activity on behalf of "integration" was not based on judicious selection of candidates for entry into normal groups but on the placement of the retarded in an activity with normals en masse.

Such a conflict over program interpretation can have several alternative outcomes. The executive director might persuade the Board of Directors to reject the program because of the difficulties he experienced in working with the specialized agency or the conflict might be resolved before the termination of the project and continuation of the sponsor's terms would be likely, given that other factors did not interfere. A more likely outcome in this instance is that the director will continue the project as an integral part of his agency's overall program but will follow his own plan of operation. He has already indicated that continuation is possible because of the newly developed service orientation of the Board of Directors:

Through the impetus of this program we will always have an interest in serving retardates. There is carryover here. The Board, after giving approval to this program, reflected on its role of serving handicapped children no matter what.

Conflict of this nature was not anticipated by the sponsoring agency when the project was designed. It would be wise when planning such a program to consider the following questions: (1) what degree of flexibility should be allowed the executive directors in the interpretation of the program?;

(2) how does the supervisory staff of the specialized agency handle those local agencies who go off in their own direction and ignore the specifications of the grant and the advice of the project staff?; (3) what strategies may be used to reorient the executive director whose interpretations are different from the aims of the project?; (4) to what extent may sanctions (threatened loss of program, negative evaluations) be used by the specialized agency without eliciting a negative reaction?; (5) when does the specialized agency have the right to withdraw from a local agency?; (6) what criteria are to be used in making this decision?

2. Socio-economic Characteristics of the Community and Community Support
- In general, community centers offer programs which the directors feel will be attractive to the entire community or to a significant segment of the population. Special programs serving limited segments of the population do not have the same degree of appeal. They may also cost more than a general program because of the need for special facilities. Therefore, they will be more difficult to inaugurate and sustain. The greater the needs of the general population, the less likely is it that an agency will be able to serve the special needs of a particular segment of the population.

a. Economic stability of the community and institutionalization

The level of economic stability of a community affects the quality of its community center especially when the agency is heavily dependent upon local funds. Communities with stable sources of income show greater economic support for their centers, can afford better trained staffs and will generally support special programs such as the recreation program for retardates. The executive directors of agencies located in such communities suggest that funds were not the major inducements for the initiation of the program, nor will they be the major concern when the Boards of Directors have to decide whether to continue the program after the termination of the grant.

The financial problems of community centers in low income communities are major concerns of their executive directors and color their consideration of special programs of all kinds. When asked if he felt that existing local agencies should take on more responsibilities with regard to providing facilities and services to retardates, the executive director of one such agency responded in terms of the financial prohibitions entailed by a program of this kind.

This is a pretty expensive proposition. All special program are expensive because of the need of the greater controls involved. What I would like to see is more money available for doing the kinds of things we are doing with regard to socialization. But we have to have people with the training and background knowledge to do this.

Frequently the fact that the program did not require agency financing at first was an important inducement for initial acceptance in low income areas and termination of the grant will pose a major impediment to institutionalization. One director reported:

We had some doubt and concern about the finances after the three years were over. We still have the same doubts. If we can we will continue. But if there are financial crises here we wouldn't...

b. The external affiliation of the community center

Many community centers are linked with national and regional associations. Others are run under the auspices of an agency of the municipal government. In low-income communities where lack of local financial support threatens the incorporation of the project into the ongoing programs of the agency, these ties may help to facilitate the institutionalization by providing alternate sources of funds. For example, one agency in the demonstration project is a YWCA located in a low-income area. This agency might have access to emergency funds because of its affiliation with the national organization. Such financing is usually a short-term arrangement allocated on an ad hoc basis.

Two of the participating agencies are community recreation centers of the Board of Education of New York City which allocates funds to all its centers. These agencies are not affected by the condition of the community in which they are located. In order to finance the recreation project for retardates, however, these agencies will require the support of the Board of Education. With the situation as unstable as it is at present in the New York City schools, it is difficult to predict whether this project will be accepted. At this time there is no indication that the Board of Education will underwrite the program when the demonstration project terminates. While there is no doubt that schools in depressed areas will receive more attention in the near future, a specialized program of this kind may be eclipsed by the massive aid programs which are already inaugurated.

c. The degree of organization of the community

Dividing our universe into those agencies which are located in economically secure areas and those which are located in economically deprived areas is somewhat deceptive. In some cases where the agency is located in an economically secure community, the chances for institutionalization of the special program are not great while although the area may be economically deprived the chances of institutionalization are fair because other aspects of the community offset this disability.

Disorganized low-income communities are characterized by high rates of mobility in and out of the area and a marginal character - part business, part residential. The residents in these areas are often apathetic about efforts to improve conditions. This lack of concern and the ensuing lack of participation would make the institutionalization of the special program unlikely at the community center in the disorganized low-income neighborhood. One director whose agency is located in this kind of neighborhood said:

Our problems are pandemic, chronic, and acute.  
The people who live in Bedford-Stuyvesant have  
a limited sense of control of their own condition.  
They are powerless and feel powerless.

Special programs tend to become lost within the context of the macro-structural problems of the area. Often the problems are perceived to be solvable only through massive aid programs to the neighborhood.

But not all low-income communities can be characterized as disorganized. Often the forms of social organization are foreign to the middle-class observer, but organization exists nonetheless. The work of Whyte in Streetcorner Society<sup>1</sup> or Kertin<sup>2</sup> on the social integration of criminal and legitimate interests in slum communities are classic illustrations of this observation.

In one organized low-income area, the parents of the mentally retarded children served by the project formed a group. The director of the agency described the process:

There was good parent involvement on the part of the parents of the retardates. They used to pick up the severely retarded at the school. They would come a little early and start to talk to each other while waiting for their kids. They started coming earlier and earlier to talk about the progress of their children. Soon the staff began meeting with them at this time.

The formation of a parents' group at the local agency may be a means by which the sentiments of individual parents concerning the program may be articulated and amplified. Parent groups can provide observable support

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1. William F. Whyte, Streetcorner Society (University of Chicago: Chicago, Ill., 1944)

2. Solomon Kertin, "The Conflict of Values in Delinquency Areas", American Sociological Review, Vol. 16 (October 1951), p. 618.



for the continuation of the program when the Board of Directors votes on assuming financial responsibility. This appears to be especially important to the agency in the low-income community where the Board faces financial problems and allocations may be made only to a few special programs. Awareness that the service is needed and appreciated by the clientele is a strong incentive for the Board of Directors to accept responsibility for the program.

The parent group at the local agency is a product of concerned parents interested in doing what they can for their children. The perspective of a director of an agency in a disorganized community in response to a question concerning the formation of a parents' group provides a strong contrast to the experience in the organized community.

The community is not ready for a mothers' group. The mothers face too many problems for a voluntary association to form. They have no time. Apathy is endemic to the community. Resources are inadequate to make visible rewards to the parents. There is no function in the community at this time for a mothers' group for retarded kids.

d. The culture of the poor

Many assumptions about motivation of the client population that facilitate effective operation of social services in middle-class communities are not operable in the lower-class community. The experiences of three of our respondents illustrate a few of the difficulties involved in gaining the cooperation of lower-class people where the interests of their children are concerned.

People don't reach out to other resources ...  
It's hard for Negroes to get downtown. We have had difficulty in Harlem with agencies moving out of the community to better facilities downtown. They are running away from their clientele...

Most people in this community would not avail themselves of using AHRC. AHRC would have to move into the community. Let us say that they would have to set up an office midway between 135th St. and 96th St. on the West side.

Finally, from an agency in another lower-class Negro neighborhood:

We have our service problems. Those problems that directly effect the operation of the agency:

unknowledgeable people who don't know how to use the city...

The cultural differences between the middle-class community and the lower-class community have consequences for the retarded both in general and specific ways. It appears that lower-class people either have a greater tolerance for what the middle-class individual would define as aberrant behavior or have less awareness of the differences between "normal" and "deviant" behavior. For example, the differences in performance between the lower-class child of normal intelligence and the retarded child may not be as noticeable to the parent as the differences between the normal middle-class child and the retarded middle-class child. Where the general population is relatively inarticulate and limited with respect to education, the lack of verbal facilities in the retarded child may not be particularly noticeable.

In an area like this parents of retarded do a great deal to deny that their children are retarded. We get funny reactions from parents. The differences are just not that great to them. They say "he's just like his daddy." There is a tremendous amount of acceptance of the unique here. There is a tolerance for the retarded child and the emotionally disturbed child here. Behavioral extremes do not shock. They have a great potential for absorbing problems. We get a lot of resistance for peculiar reasons. Just getting into homes is a major problem. The teacher that we had was not that comfortable going into their homes. The problem is gaining the parents' understanding.

To the extent that the families of the retarded do not define mental retardation as a problem which deserves their attention and requires special treatment, then the establishment of the program on an ongoing basis will be hindered. Recruitment to the program will be impeded and parental support for the program will not be forthcoming.

e. The social problems of the poor

The culture of poverty is buttressed by the physical damage of poverty. To be poor has direct effects on the life chances of the individual. Life spans are shorter and medical care inferior to that received by the wealthier segments of the population. As a consequence of greater subjection to certain diseases, inadequate diet, inadequate prenatal care and inferior delivery practices which cause brain injuries at birth, the incidence of retardation is relatively higher among the poor. The statis-

tical evidence pointing to the direct relationship between poverty and mental retardation is incontrovertible.

An estimated 35% of the mothers in cities over 100,000 population are medically indigent. In 138 large cities of the country an estimated 455,000 women each year lack resources to pay for adequate health care during pregnancy and following birth. Between 20 and 60% of the mothers receive inadequate or no prenatal care - and mental retardation is more prevalent in these areas.<sup>3</sup>

To serve the retarded in such an area is therefore a more extensive problem than it would be in other parts of the city. One respondent remarked:

We could give an entire program for retardates in an area like this.

The existence of "multi-problem" families in lower-class communities is a constraint on the establishment of ongoing services for special groups such as the retarded. It is estimated that there is no adult male head of household in one of every four Negro families.<sup>4</sup> Conservatively we might estimate that at least 25% of the retarded population of low-income Negro families belongs to such households. The same projection can be applied in the estimation of how many retardates belong to families which also include narcotics addicts, delinquents, and mentally disturbed individuals. The future for the retarded individual in such an environment by virtue of his membership in families with other kinds of problems or in families existing on subsistence levels (frequently the same families) is as bleak as it is for anyone else growing up in the slums.

From the point of view of the director of an agency in the low-income community with many problems, the specialized program that does not provide a service which meets the needs of the client in a comprehensive manner will be defined as of little value.

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3. Message from the President of the United States relative to Mental Illness and Mental Retardation, delivered, February 5, 1963, House of Representatives Document No. 58, Washington, D. C.

4. Nathan Glaser and Daniel P. Moynahan, Beyond the Melting Pot (M.I.T. Press: Cambridge, Mass., 1964), p. 50. The statistics were taken from U. S. Census Population, 1960, Table 109.

Any program would be helpful if in a deprived community it brought the services to the people in a way that it increased their ability to use whatever resources are available to meet their needs. With the recreation program for retardates we are serving a contingency here. (respondent's emphasis)

Institutionalization of a specialized program in community centers located in areas which are economically depressed and socially disorganized is a highly unlikely prospect at this time. Massive programs which are aimed at attacking the underlying social problems and psychic climate of the community are more appealing to the directors of agencies in these areas. Programs like Mobilization for Youth, HarYou-Act and the Poverty Program are considered by directors to be the kinds of endeavors to which agencies should be committed. Specialized programs appear to be of interest to communities and agencies which can afford them both financially and socially.

#### C. Conclusions:

It was shown that the operation of the program was viewed favorably by most of the executive directors of the participating agencies. All of the respondents approved of the idea of serving the mentally retarded on the local level and most of the directors believed that community centers should take on greater responsibility with regard to providing services to the mentally retarded. The continuation of favorable attitudes towards the innovation appears to be an important factor with regard to the institutionalization of the program at each center.

Despite these expressions of approval, the respondents presented views which indicated expectations of continued dependence of the community center on the specialized agency with regard to this program. The community centers are committed to the assumption of greater responsibility for various aspects of the program (e.g., screening of clients) during the demonstration period. After this period ends, it is expected that the specialized agency will serve only in a consultative capacity. Given the views of the executive directors on the proper role of the specialized agency, it is expected that the establishment of independent responsibility for the program on the part of the community centers will be more difficult than anticipated by the project staff.

The problem of premature independence was found at one agency where the executive director and the project director disagreed on the practice of inclusion of the mentally retarded in groups of normals.



The possibility of community support and financing for the project after termination of the demonstration grant was seen to vary according to the socio-economic level and degree of organization of the community in which the agency is located.

It appears that institutionalization of "community recreation resources for the retarded" at community centers located in socially disorganized low-income areas is less likely than in socially organized low-income neighborhoods or higher socio-economic areas because of (1) the financial difficulties in which these agencies often find themselves; (2) the lack of support for the project among participants; and (3) the reduced appeal of specialized programs to executive directors who seek out projects dealing with community-wide problems.

In such areas, the means of financing the program and of recruiting clients must be built into the project design and the clientele must be educated to the meaning and value of the program and their opportunities for obtaining other needed services. Since the mentally retarded are over-represented among low-income groups, it would seem that in order to deal with the retarded in these settings, future projects must take into account the difficulties of operating programs where social prerequisites to institutionalization are absent.

## CHAPTER VIII

### SUMMARY AND CONCLUSIONS

#### A. Description of the Sponsoring Agency:

Since its formation in 1949 the Association for the Help of Retarded Children has been engaged in sponsoring, organizing and promoting community services for retarded children and adults who reside with their families. As an organization of parents and friends of retardates, the Association is particularly sensitive to the special needs of this handicapped group and is most acutely aware of deficiencies in existing services. Because it is a voluntary agency the Association has had the advantage of being able to pioneer in new areas without having to await legal sanction.

AHRC has recognized that not all the needs of the retarded can be met through educational and vocational training programs. In order for the retarded to remain in the community, their psycho-social needs must be provided for through constructive use of leisure time. The Group Work, Recreation and Camping Department of the Association has been sponsoring leisure time activities on a planned basis since 1952. Over 500 children, adolescents, young adults and adults participate in the program.

Despite the development of group work services and recreational activities for the mentally retarded through the efforts of AHRC, it was obvious that these services were inadequate to meet the needs of all the retarded in New York City. AHRC, as a voluntary agency, could not expand its services indefinitely under its own auspices and financial support. It was felt that the tens of thousands of retarded persons who reside in New York City, large numbers of whom could benefit from participation, could best be served through the cooperative action of existing social agencies that were created to provide for the needs of all residents of a geographic section of the city.

The major objective of the demonstration grant was to test the feasibility of extending the purposes and functions of community group work agencies to include the mentally retarded as part of the population for whom they accepted responsibility. The National Institute of Mental Health provided the necessary funds through a grant for "Community Recreation Resources for the Mentally Retarded". During the demonstration period, group service agencies have received not only financial support from the grant but also the consultative and intake services of the project staff. At the inception of the project these agencies agreed to continue their programs for the retarded when the grant period terminated.

## B. The Role of the Sponsoring Agency:

### 1. Intake

The intake procedures used throughout the project were established in order to facilitate the client's placement in a unit appropriate to his needs. Due to the absence of trained caseworkers at the participating community centers a centralized intake procedure was established at the specialized agency. All intake interviews were performed by a trained caseworker during the first year of the project. Those agencies which demonstrated sufficient skill during the following years were allowed to perform their own intake functions.

Separate interviews were held with both the retarded person and the parent or family member who accompanied him; generally the mother represented the family but there were a few instances when both parents and/or siblings came to the interview. Usually the retardate was seen first; so that the caseworker could observe his functioning in a "new" situation.

It was expected that case history material would be available for clients seen during the intake interview. However, due to the variety of ways in which clients were referred to the program and the delays experienced in receiving requested material from various agencies, many clients were interviewed without the presence of this information and the caseworker had to devote considerable time to exploration and clarification of the client's history and present condition or problem.

Several procedural problems became evident during the operation of the project. In a number of cases, particularly among individuals not referred to the program by other social agencies, clients had never received a diagnostic evaluation. The lack of proper diagnostic evaluations made the placement process less precise than was originally anticipated. Adequate methods of directing the client and his family from the intake interview to the program were not initiated from the beginning of the project. About 15% of the clients referred to the group work services after the intake interview failed to appear at the community centers. Finally, intake interviews conducted at community centers presented special problems for the caseworker because adequate facilities were not provided to maintain privacy and a relaxed atmosphere. The project staff do not expect these difficulties to remain when the intake process is taken over by the community centers, since it is expected that appropriate environmental arrangements will be made for the permanent practice of intake.

### 2. Consultation with Participating Agencies

Consultation was defined by the project staff as an enabling process through which the new service could be absorbed in the traditional programs of group work agencies. Consultation was offered in the following areas: (1) aspects of mental retardation; (2) administrative procedures; (3) application of the program

content of group work to the mentally retarded; (4) the relation of the group service agency to other agencies serving the retarded; (5) recruitment; and (6) promotion of professional interest in the project.

Generally the higher the socio-economic level of the community in which the agency was located, the more likely consultation was concerned with refinements of program (e.g., explanations of differences of behavior of the retarded with different etiologies). The lower the socio-economic level of the community in which the center was located, the more likely the consultation was concerned with the necessary prerequisites of programs (e.g., recruitment).

3. Training of Group Work Staffs and the Promotion of Professional Interest  
Few of the cooperating agencies had experience or training in serving the mentally retarded prior to their participation in the project. Training and orientation were provided by the project staff on all staff levels of the community centers. The type and intensity of the training varied by the kinds of roles members of the staffs were expected to perform in relation to the project.

Other agencies serving the retarded in New York City (e.g., hospitals, schools, welfare services) had to be introduced to the kinds of services their clients could receive through the project. A series of in-service training seminars were established to carry out this task and to further the training of the group leaders from participating agencies.

In order to convince other community centers that they too could help meet the leisure time needs of the mentally retarded, a series of institutes were established. The institutes served as a means of describing and evaluating the efforts of the demonstration project to a wide audience in the field of social work. To further this end, the proceedings of the institutes were published and made available on request to all professionals working with the mentally retarded and to non-specialized professionals as well. More than one thousand requests for these publications have been received from all over the world during the first two years of the project.

Finally, one of the most important ways of promoting professional interest to a new concept and practice is to train young professionals to be proficient in this area. This project was fortunate in gaining access to graduate students of group work as group leaders for the program. About sixty percent of the groups were lead by graduate students in group work. Since many of these forty-five new professionals will be in decision-making positions at other community centers in the coming years, it is expected that they will be instrumental in expanding this kind of service.



### C. The Population Served by the Project:

Seven conclusions may be drawn about the population served and its relation to the program: (1) three-fourths of the population received a service unduplicated by other group work and recreation programs for the mentally retarded; (2) the adult retarded showed the lowest turnover rates with regard to the program and the highest rates of recruitment: this finding could reflect both a higher access to the program due to their greater independence than children and adolescent retarded who were served and greater need of the program as the social distance between the normal and the retarded increase as the retarded person becomes older; (3) the moderately and the severely retarded were over represented in our population five and three times more than their frequency in the general retarded population, probably reflecting their greater need of the program than the mildly retarded; (4) three of every ten retarded adults in the population were not currently employed or involved in some full-time program, reflecting the need for more job opportunities and full-time programs for the adult mentally retarded; (5) the program served a sizeable number of retardates who are largely unknown to/or unserved by the specialized agencies dealing with the retarded and whose families probably are not knowledgeable about services available to the retarded; the program reached more of this segment of the population during the second year of operation than the first; (6) although little information was available on a sizeable sector of the population served, it would seem that the program was used by many persons from disadvantaged areas of the city; (7) the highest rates of turnover and the lowest rates of recruitment were found at agencies located in these disadvantaged areas.

### D. Description of the Program Content:

During the first two years of the project, traditional group work program content was employed as a tool to meet the leisure time needs of the retarded. It was found that few alterations had to be made in the use of group work programs for the retarded and that for the most part these programs resembled programs employed with normal clients.

Several differences were noted. Many of the activities were designed to improve the self-care skills of the retarded children, adolescents and adults in the program. Certain kinds of programming which either meant that the retarded would be sharing facilities with normals or where their lack of ability would become evident were avoided by the leaders of the groups. For example, the use of gym facilities was relatively infrequent compared to other activities.

During the second year of the program it was noted that the average number of activities engaged in during a group session were sharply increased, especially for the children's groups. It is possible that group workers found the attention span of the mentally retarded was less than that of the normal population with whom they had previously worked and therefore altered their practice to meet the cognitive limitations of the participants in the program.

#### E. Participant Response to the Program:

It was found that both mothers and their mentally retarded children responded favorably to the program. The major source of dissatisfaction concerned the inconvenience many participants underwent in traveling to and from the community centers. Well over half of the participating retarded children were brought to the community center by a parent. Almost half the respondents lived at least two miles from the agency. Almost forty percent of the sample claimed that it took them from thirty minutes to one hour and thirty minutes to get to the agency.

It was shown that less than one-third of the participating members established friendships with others in the program which carried over outside of the meetings. It is evident that as the mentally retarded become older they become increasingly more isolated from peer relationships with normal individuals of the same age. Their social isolation is further increased by the age-graded pattern of recreation in the United States and the separation of recreational activities from the home. It should be noted that the lack of carry over of the program through the establishment of friendships may be due to the geographical dispersment of most of the participants. If they had to travel great distances to the center, then it may be assumed that they also are likely to be scattered throughout the various boroughs of New York. To be truly useful, programs of this sort must be established in the participant's immediate community.

#### F. Innovating New Programs at the Community Center:

In order to effect the immediate goal of introducing the program designed to serve the mentally retarded at community centers, it was necessary to present the new concept to the agencies and generate acceptance. To facilitate communication between the sponsoring agency, AHRC, and the local agencies, a liaison was established. The project director, a person recognized as a professional in both group work and mental retardation performed this task.

The executive director of the community center was considered to be the key person involved in gaining acceptance of the project. There was little resistance to the potential innovation from others at the agency once the executive director was convinced of the project's value.

The following findings are related to the problem of how this innovation was achieved:

1. Most agency directors found "the extension of new services" to previously unserved groups the most attractive aspect of the project. This consideration was central in their decision to commit their agencies to the program.
2. The favorable orientation toward the project by participating directors may be part of a general orientation to serving handicapped individuals at community

centers. The orthopedically handicapped were the most frequently mentioned group which they believed could be served at community centers.

3. Both professional training and previous experience with the handicapped appear to promote attitudes conducive to supporting the extension of new services. It is not clear whether a high degree of professional training and prior experience with the handicapped are independent variables. Professional training may predispose executive directors to seek out work with the handicapped. Both factors may be involved in the acceptance of retardates at local agencies.
4. The Boards of Directors at the participating agencies were favorably disposed to the proposed program. Their attitudes were characterized by a "service orientation" and an "experimental orientation." The most frequent reservations to the program voiced by the Boards of Directors were concerns with overcrowding the program and disturbing the agency's operations. The social work technique of "interpretation" was used by the executive directors and the project director to meet the resistance from the Boards.
5. The initial reactions of the staffs to the idea of serving retardates were perceived by the executive directors as being highly favorable. Nonetheless, some initial apprehension was indirectly detected. Six directors claimed that once the program was in progress staff anxieties decreased. These disclosures were taken to signify some initial anxieties on the part of the staff members.

#### C. Institutionalization of the Program at the Community Centers:

The innovation of recreational facilities for the retarded at community centers required the presence of certain favorable attitudes towards this kind of service from the executive directors, the members of the Boards of Directors, and the staffs of the participating agencies. The successful institutionalization of the program at each agency appears to require a continuation of favorable attitudes towards the program within the participating agencies plus the presence of a number of conditions related to the environment in which the agency operates.

1. The following findings are related to the maintenance of favorable attitudes towards the program:
  - a. The respondents in the study gave favorable evaluations to the overall operation of the program. Almost all of the directors agreed that local agencies should take on greater responsibility for service to the mentally retarded. Despite these favorable evaluations the executive directors expressed expectations of continued dependence of the community centers on the specialized agency with regard to this kind of program.

b. The continued operation of the program at community centers can be hindered by the absence of smooth relations between cooperating agencies. The lack of clearly defined arrangements for the responsibility of each agency for some of the prerequisites of the program was evident in two areas: recruitment to the program and the travel arrangements for the participants. To the extent that these necessary tasks remain "hidden costs" for the community centers, then the institutionalization of the program remains unstable.

c. In one case, a disagreement between the executive director in one agency and the project staff with regard to the methods and goals of the project may prove to be a hindrance to the establishment of the program. While it appears that the program will become incorporated within the agency's structure, it might operate under a different set of principles than those which guided the operation of the demonstration project.

2. The following findings are related to the environmental conditions under which the agencies operate:

a. Since community centers depend a great deal on local financing many executive directors whose agencies are located in low-income areas fear that the added financial burden the program will entail when grant financing is withdrawn may endanger the continuance of the program. Those agencies with external sources of support (e.g., community recreation centers of the Board of Education of New York City) that are located in low-income communities are more likely to continue the program than are independent agencies.

b. The more socially disorganized the low-income community, the less possible are the formation of means by which the parents may express support for programs for their retarded children. The lack of observable support for the programs in such areas makes their continuation uncertain. To some extent this lack of support for the program may be due to cultural variables. It appears that lower-class people either have a greater tolerance for what the middle-class individual would define as aberrant behavior or have less awareness of the differences between "normal" and "deviant" behavior.

c. Finally, at present the directors of agencies in low-income areas appear to be more receptive to massive aid programs which deal with the needs of the client in a comprehensive manner, rather than programs which focus on one kind of problem.



## H. Implications for Future Service and Goals for the Future:

For the mentally retarded residing in the community, a group work and recreation program is a necessary link in a chain of essential services. Not all the needs of the retarded can be met through educational and vocational training programs. In order for the retarded to remain in the community, their psycho-social needs must be provided for through constructive use of leisure time.

### 1. The Expansion of Services

The major objective of the demonstration grant was to test the feasibility of extending the purposes and functions of community group work agencies to include the mentally retarded as one part of the population for whom they accepted responsibility. The participating agencies have provided a "working model" for other agencies in the city, state and nation as to how such programs are conducted. A few agencies have already begun to serve the mentally retarded in group work programs under their own auspices. Judging from the number of requests for printed material from the project, interest in this type of program for the mentally retarded is strong. It is expected that the next 10 years will bring about a proliferation of group work and recreation services for the mentally retarded at community centers, settlement houses and other group service agencies.

### 2. Planning Social Change

The project "Community Recreation Resources for the Retarded" was able to establish itself at thirteen agencies and expect continuation of the program after the termination of the grant period because it brought together: (a) the professional legitimation of the program - that the program could be carried out without intensive training and specialized knowledge on the part of group leader and (b) the legitimation of the need for the program, that is to say, that a client population existed and that service was desired. These necessary prerequisites for the innovation have to be supplied by sponsors who represent the viewpoints of professionals and clients. In our case, AHRC was able to provide both conditions.

In addition, the legitimation of the need for program must be reinforced periodically by the clients or their families. Indeed, in low-income communities, where social disorganization mitigates parent interest in programs of this kind, it is expected that AHRC will find the greatest degree of resistance to the continuation of the program. This is despite the fact that the largest number of public school classes for the mentally retarded are found in these areas. Therefore it is evident that greater efforts must be made in order to provide service in these than in middle income areas. Community organization resources would have to be provided in order to take up the gap created by lack of parent interest in programs of this kind within socially disorganized communities.

### 3. Problems of Transition: from Innovation to Institutionalization

While the participating agencies have provided most of the project's recreation services to the mentally retarded, other services related to the clients' handicap were generally left to the sponsoring agency. For example, the Administrative Caseworker spent a great deal of time on such needs of the client as vocational training or family problems. One of the questions to be faced in the future, when group service agencies operate the program autonomously, is the extent to which they will assume this supplementary function or be expected to make referrals back to the specialized agency. The continuation of consultation between the specialized agency and the community center or settlement house may be necessary in order to insure that the mentally retarded and their families are directed toward appropriate facilities.

It is expected that at the end of the three year demonstration grant most participating agencies will incorporate social group services for the retarded into their ongoing program. We anticipate that problems will arise within the group service agencies when they absorb various functions previously performed by the project staff. These functions are (a) intake and screening; (b) recruitment; (c) client referrals to other services and (d) general administration. During the third year, the project staff continued these tasks and began to teach the staff of the group service agencies how to perform them. It is expected that the third year will not provide the project staff with adequate time to make the transition from providing direct service and supervision to an expanded consultative role. Indeed, a number of executive directors have already expressed concern about the needs for a continuation of consultative services for an additional year as a means of insuring the successful incorporation of the program within their agencies' structure.

During the fourth year AHRC will attempt to achieve the following goals:

1. Provide expanded consultative services to participating agencies in order to deal with operational problems which are expected to arise during the transitional phase of the project.
2. Analyze the change in the relationship between the group service agency and the specialized agency which is expected to occur when, during the fourth year, the group service agency will not be receiving funds for operating the program.
3. Follow-up the impact of the demonstration project on other group services agencies and professionals.

Association for the Help of Retarded Children, New York City Chapter, 200 Park Avenue South, New York 3, N.Y.

In-Service Training Seminar

"Basic Issues and Problems in Mental Retardation"

| <u>Speaker</u>                                                                                                 | <u>Subject</u>                                      | <u>Date</u> | <u>Time</u> | <u>Place</u>                                                         |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------|-------------|----------------------------------------------------------------------|
| Dr. William A. Fraenkel<br>Executive Director<br>AHRC, NYC Chapter                                             | "Mental Retardation:<br>Past, Present & Future"     | November 1  | 10-12:00    | AHRC Sheltered<br>Workshop<br>380 Second Ave., NYC<br>Cor. 22 Street |
| Dr. Lawrence Telf, Dir.<br>Developmental Evaluation                                                            | "Medical Aspects of<br>Retardation"                 | November 8  | 10-12:00    | Jacobi Hospital<br>Bronx, New York                                   |
| Dr. Norbert Goldstein<br>Prof. of Special Education<br>Yeshiva University                                      | "Some Basic Issues in<br>Education of the Retarded" | November 22 | 10-12:00    | A H R C<br>Sheltered Workshop                                        |
| Mrs. Evelyn Mason<br>Field Work Supervisor<br>Field Work Unit-AHRC<br>N.Y.U. Graduate School<br>of Social Work | "Social Work with the<br>Retardate and his Family"  | December 6  | 10-12:00    | A H R C<br>Sheltered Workshop                                        |
| Dr. Max Dubrow, Director<br>AHRC Workshop                                                                      | "Vocational Programs<br>for the Retarded"           | January 10  | 10-12:00    | A H R C<br>Sheltered Workshop                                        |
| Dr. George Friedlander<br>Speech Consultant<br>Institute for Retarded<br>Children of the Shield of David       | "Verbal Communication for<br>the Mentally Retarded" | February 7  | 10-12:00    | A H R C<br>200 Park Ave. South<br>Room 1201-1210                     |

| <u>Speaker</u>                                                                                                 | <u>Subject</u>                                        | <u>Date</u> | <u>Time</u> | <u>Place</u>                                   |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------|-------------|------------------------------------------------|
| Dr. Harry H. Gordon<br>NARC - Grover F. Powers<br>Prof. of Pediatrics<br>Albert Einstein School<br>of Medicine | "Medical Research in<br>Mental Retardation"           | February 14 | 10-12:00    | A H R C                                        |
| Meyer Schreiber<br>Consultant on<br>Social Services<br>to the Mentally Retarded-<br>Children's Bureau          | "Child Welfare Services<br>for the Mentally Retarded" | March 7     | 10-12:00    | A H R C<br>200 Park Ave. So.<br>Room 1201-1210 |
| Bernard Fineson<br>Past President<br>AHRG, NYC Chapter                                                         | "Retardation and the Law"                             | April 4     | 10-12:00    | A H R C                                        |
| Dr. Jack Hammond, Dir.<br>Willowbrook State School                                                             | "The Institution<br>and the Retardate"                | April 4     | 10-12:00    | A H R C                                        |



Association for the Help of Retarded Children

New York City Chapter

**National Institute of Mental Health Demonstration Project**

**"Community Recreation Resources for the Retarded"**

**WEEKLY GROUP PROCESS RECORD**

Agency \_\_\_\_\_ Group Young Adults

Leader(s) \_\_\_\_\_ Date February 9, 1966

No. Enrolled 13 No. Present 10 No. Absent 3 No. Visitors \_\_\_\_\_

Present: Steven, Jay, Eddie, David, Arlene, Rich, Martin, Steven F., Regina  
and Jerry.

Absent: Eddie P., Eddie G. and Michael.

Followup on Absentees:

**1. PROGRAM ANALYSIS**

Today's Activities (list chronologically) Specific Plans for Next Meeting

Discuss trip plan  
work on mosaic tiles  
discuss Purim Carnival

trip

**PREPARATION:** Room Setup, Supplies, Contact with Individuals, Parents, Agencies and Schools:

**2. INDIVIDUAL GOALS**

### 3. GROUP GOALS

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### 4. RECORD OF MEETING

Describe in narrative form what happened with your group today relating it to your individual and group goals. Include such things as your role, decisions made and responsibilities taken by the group or individuals, conflicts, acceptance and rejection of members, reaction to and participation in program and use of materials. Note factors regarding mental retardation. Include goals and plans for next and future meetings and areas where you need help or consultation. (use next page for balance).

#### I. Pre-meeting

I had not had any contact with the group members during the week.

#### II. Preparations

The group had decided to go to China Town at Mike's suggestion. We were going to go out to eat, and go to the Chinese Museum. I told Mike to bring me in more information. I also went down to the area, since after asking around I had found out that it is not the place to be with a group on a Saturday night. The Teen Supervisor had told me that he had worked there, and it is not a good area. I went there and found that they were right. I didn't think that this would make a good trip. I decided to share my feelings with the group and the reasons for them and let them discuss it. If they wanted to go, I didn't think that it would be that much trouble or danger.

#### III. What will the group be working on.

I felt that they would have a hard time handling this information about the trip. They wanted to go on a trip and they also wanted to decide for themselves what was best for them. This would have to be taken into account and would complicate the decision process.

#### IV. Summary

Before the meeting I was talking to the boys and I mentioned that I had taken a look at China Town and I told them what I saw. I said that we would talk about it in the meeting. The meeting focused on two areas. The first was the trip

and the second was the discussion of the Purim Booth. It was a short meeting because the members decided after the discussion that they didn't really want to do mosaics that evening and that we should save it for the next meeting.

When we started the meeting, they were already talking about China Town and what I had said about it. Mike was not at the meeting, and it was originally his suggestion that we go to China Town. This was decided last week. The group had wanted to go on a trip, and I said that I would check this idea out and that Mike should do the same. I asked if any one was familiar with the area, and a few raised their hands. Rich said that it wasn't that bad. Jay took my side and said that it was in the middle of a rough area. I had said this, and he was defending my argument. They talked about this some more, and I asked if they had ever been there on a weekend night. I said that areas are different at night than they are in the day time. This led to more discussion. Finally, David asked what we would do if we could not go there. I said I knew that the boys all wanted to go on a trip very much, and that even a bad trip was better than no trip at all. I said that perhaps we should see what else there is to do and then make up our minds about going to China Town. They liked this, and immediately moved into discussion of other chinese restaurants that they knew of. Jay suggested that the group members go to a place on Broadway and 100th Street that I had suggested. Again, he was picking up statements that I had made at one point or another and presenting them. I noticed that no work was getting done, and the simple task of picking out a restaurant was a problem to them. I could not understand why, and asked the group but they could not tell me. Steve then said that we could go bowling instead. Eddie looked at me and asked if we could. I said I see what the problem is, you don't really want to go to a restaurant at all. They all said that they wanted to go bowling. I said when did you decide this. They said that they had talked about it before the meeting when I had told them about China Town. I said why didn't you tell me. Here I was trying to help you decide on a restaurant and all the time you wanted to go bowling. They all laughed in relief seeing that I really meant what I had said in establishing our contract that it was their club to do what they wanted. This was a reaffirming of this. Once this was cleared up the rest was mechanical. We took about five minutes to find a place and make a reservation.

I said that while I was making a reservation I would like them to think about the coming Purim carnival. They had mentioned it often and were anxious to have a booth. I said that Shelly could help them think about the type of booth they wanted. I left and went to make a phone call to the bowling alley. When I got back they had played with many ideas, and come up with two suggestions that seemed good. We discussed how they would construct them. Jay, Rich, Eddie S and Steve Z took a great interest in the booth ideas and contributed. The others were in on it but not as actively. It was an easy task for the group because they had done one last year. We filled out the form and decided that next week we would discuss it further. I noticed that they were getting

restless. I said that if they wanted they could continue with the ash trays until the end of the meeting. They didn't want to and said that they wanted to have coffee instead. I didn't question this since it was rather late.

#### V. Evaluation

A couple of very interesting things came out of this meeting. In looking over the work on changing the trip from a restaurant to a bowling trip, two things come to mind. I remember how the group got started on this restaurant kick. It all happened last session when I had for the third time this year tried unsuccessfully to get tickets to a game at Madison Square Garden. I was very frustrated at this and disappointed. I hated to go back to the group for the third time and tell them that they could not go again. I felt that in an attempt to ease the pain that I was feeling that I thought they would feel, I would have another plan ready that they could jump into. I remembered that they had mentioned a restaurant trip some months before, and I knew that they liked to have activities around food. I felt that if I offered this to work on it would help them out. In other words, I was taking on the responsibility and the guilt that really didn't exist for me. I had tried and there was nothing I could do. They would not be mad at me but at the Garden. I was also trying to protect them from life. Sometimes plans never work out. This is a reality that they would have to face. I see now that I gave them the restaurant and it was never really theirs. Outside of the group they felt each other out on this and then they finally had the freedom to speak out because, according to the contract, they had every right to reject this trip and I had not given them this because I had introduced it at a moment when they would have taken anything. The trip had never come from them but was pushed by someone they liked and so they accepted it. It showed real strength that they were able to hold me to the contract themselves. The second thing is that they never really just wanted to go out for dinner but wanted to go out and then go to a show or something. This is how it first came up.

Jay did some interesting things this meeting. He identified with me. In doing so, he was showing that he is trying a new way of getting himself into a power position in the group. If his ideas are "way out" then he will use my ideas and see if he can gain group support with them. I had had a talk with Jay and his mother about getting him a job, and I am sure that this interest on my part helped Jay to look to me to help him in the group.

Shelly, the assistant, and myself found that the group had no idea of why the Purim carnival or what the holiday was all about. They also had very vague notions about the Federation. We will try to interpret some of this to them next week to give the carnival more meaning and involve them in the process of helping raise money for the Federation.



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